

Warrior Transition Command

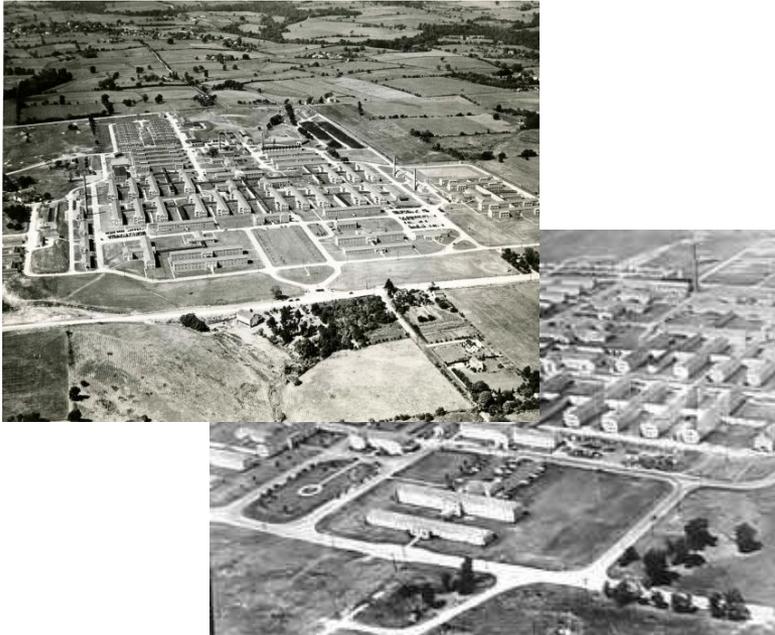


Briefing to the DoD Task Force on the Care, Management and Transition of Recovering Wounded, Ill and Injured Members of the Armed Forces

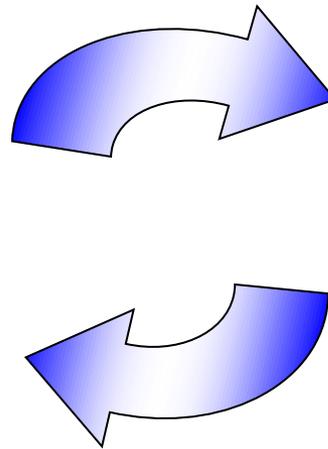
22 February 2011

“Soldier Success Through Focused Commitment”

Valley Forge General Hospital, Phoenixville, PA



Wakeman General Hospital, Camp Atterbury, IN



Agenda

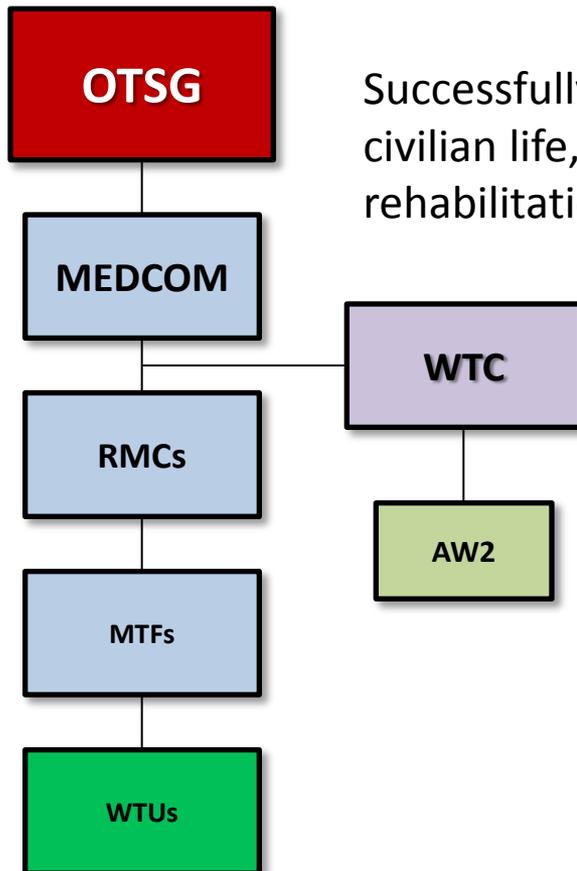


- Warrior Transition Command (WTC) Introduction & Overview
- Warrior Transition Unit (WTU) Satisfaction
- Non-Clinical Aspects of the Warrior Care and Transition Program
- Support To Caregivers: Soldier and Family Assistance Center
- Clinical Aspects of the Warrior Care and Transition Program
- WTC/WTU/MEDCOM Services for TBI and PTSD
- Army Status with Integrated Disability Evaluation System (IDES)

Warrior Transition Command



The Warrior Transition Command (WTC) is a general officer (1-star) command under the US Army Medical Command (MEDCOM) that was created to provide a central comprehensive source for warrior care support.



Mission

Successfully transition Soldiers and their Families back to the Army or to civilian life, through a comprehensive program of medical care, rehabilitation, professional development, and personal goals.

Core Competencies

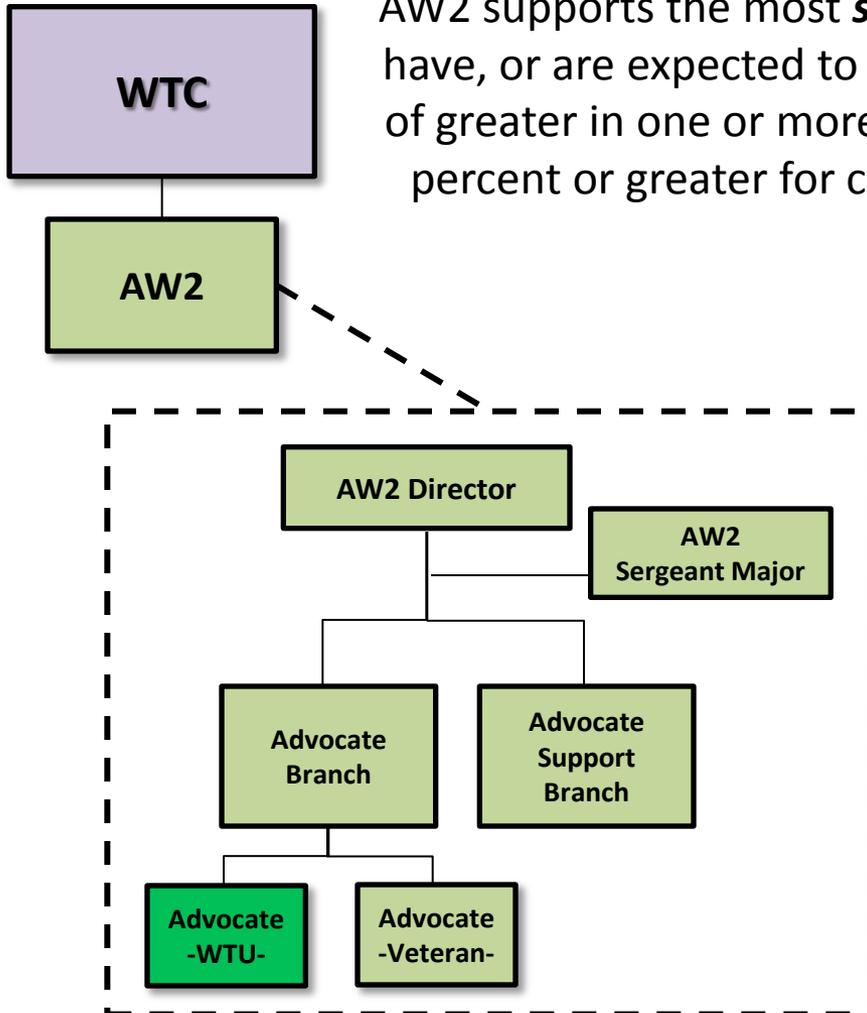
- Warrior Care and Transition Program proponent
- Execution of the Warrior Care and AW2 programs for MEDCOM Commander
- Coordinate with DA staff, other services, other departments and Congress
- Standardization and evaluation
- Warrior in Transition (WT) movement
- Reserve component management

Army Wounded Warrior (AW2) Program



The Army Wounded Warrior (AW2) Program is an O-6/COL directorate under the WTC.

AW2 supports the most *severely wounded, ill and injured* Soldiers who have, or are expected to receive, an Army disability rating of 30 percent of greater in one or more specific categories or a combined rating of 50 percent or greater for conditions that are the result of combat or are combat-related.



KEY POINTS

- Active Duty and Veteran Population
- Partnership with Veterans Administration
- Historically, 12% of WTs are enrolled in AW2
- Advocates OPCON and Nationwide
 - WTUs
 - VA Centers
- Contact Soldiers Monthly

Where We Were...Where We Are



18 February 2007

Inpatient care – Best in the world

But for 4,400 outpatient Soldiers....

- Substandard Facilities
- Minimal supervision
- Limited Family support
- Poor coordination across the continuum of physical and mental healthcare
- Limited feedback mechanisms

- ***Fulfill our Moral Obligation***
- ***Preserve the Fighting Spirit***
- ***Sustain the Force***
- ***Retain Experienced Soldiers***

Today

Inpatient care – Best in the world

29 Warrior Transition Units (WTUs) and 9 Community Based WTUs with 10,038 Soldiers

- Best facilities
- Military leadership and structure
- Centralized Family support
- Synchronization and coordination of physical and mental healthcare
- Multiple feedback mechanisms

Bottom Line: A superb program – but not “perfect”



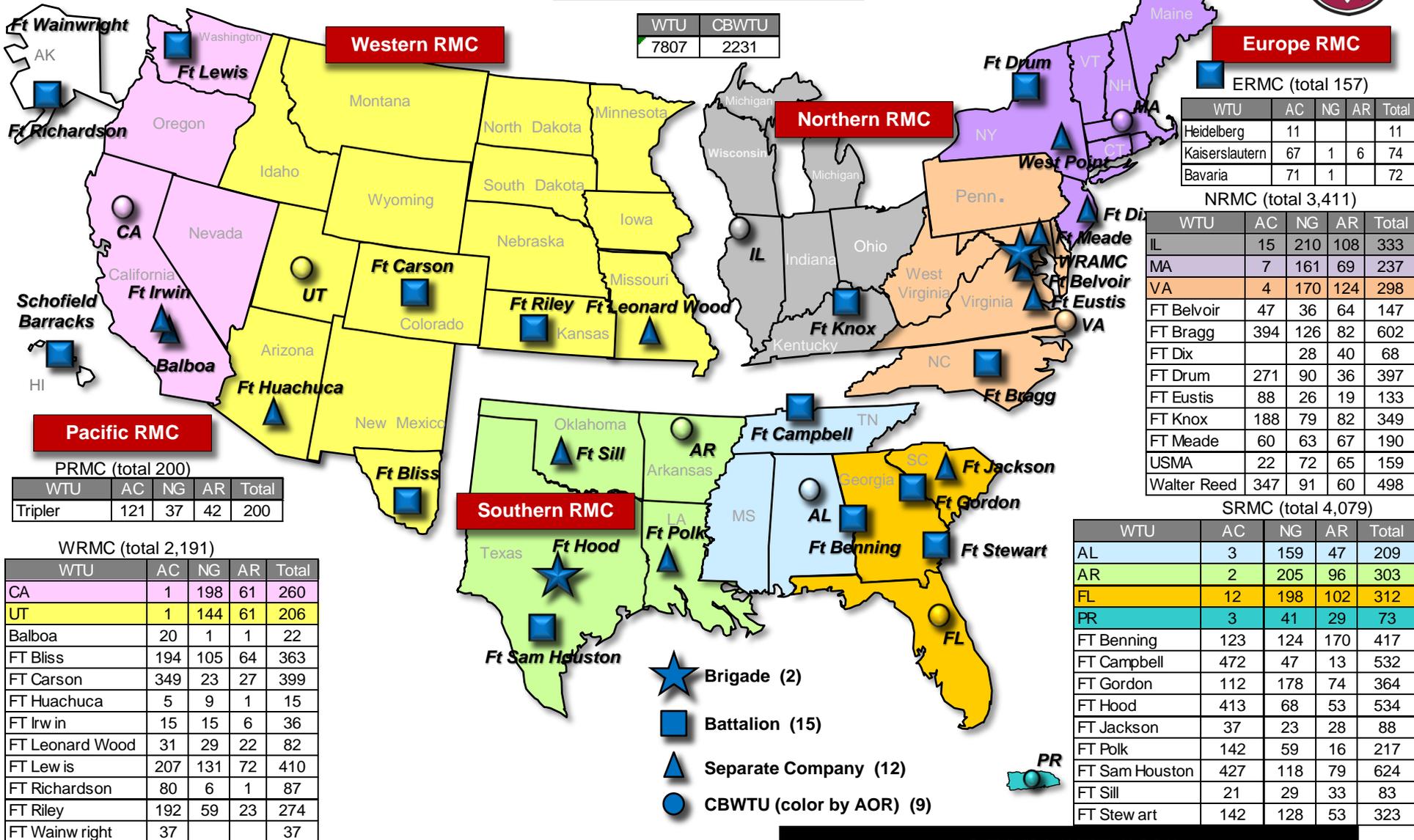
WTU Population Map w/CBWTU AORs

(Data Source: MODS WT, 14 FEB 2011)



Warrior in Transition Population			
AC	ARNG	USAR	Total
4754	3288	1996	10038

WTU	CBWTU
7807	2231



Western RMC

Northern RMC

Europe RMC

Pacific RMC

Southern RMC

ERMC (total 157)

WTU	AC	NG	AR	Total
Heidelberg	11			11
Kaiserslautern	67	1	6	74
Bavaria	71	1		72

NRMC (total 3,411)

WTU	AC	NG	AR	Total
IL	15	210	108	333
MA	7	161	69	237
VA	4	170	124	298
FT Belvoir	47	36	64	147
FT Bragg	394	126	82	602
FT Dix		28	40	68
FT Drum	271	90	36	397
FT Eustis	88	26	19	133
FT Knox	188	79	82	349
FT Meade	60	63	67	190
USMA	22	72	65	159
Walter Reed	347	91	60	498

SRMC (total 4,079)

WTU	AC	NG	AR	Total
AL	3	159	47	209
AR	2	205	96	303
FL	12	198	102	312
PR	3	41	29	73
FT Benning	123	124	170	417
FT Campbell	472	47	13	532
FT Gordon	112	178	74	364
FT Hood	413	68	53	534
FT Jackson	37	23	28	88
FT Polk	142	59	16	217
FT Sam Houston	427	118	79	624
FT Sill	21	29	33	83
FT Stewart	142	128	53	323

PRMC (total 200)

WTU	AC	NG	AR	Total
Tripler	121	37	42	200

WRMC (total 2,191)

WTU	AC	NG	AR	Total
CA	1	198	61	260
UT	1	144	61	206
Balboa	20	1	1	22
FT Bliss	194	105	64	363
FT Carson	349	23	27	399
FT Huachuca	5	9	1	15
FT Irwin	15	15	6	36
FT Leonard Wood	31	29	22	82
FT Lewis	207	131	72	410
FT Richardson	80	6	1	87
FT Riley	192	59	23	274
FT Wainwright	37			37

- Brigade (2)
- Battalion (15)
- Separate Company (12)
- CBWTU (color by AOR) (9)

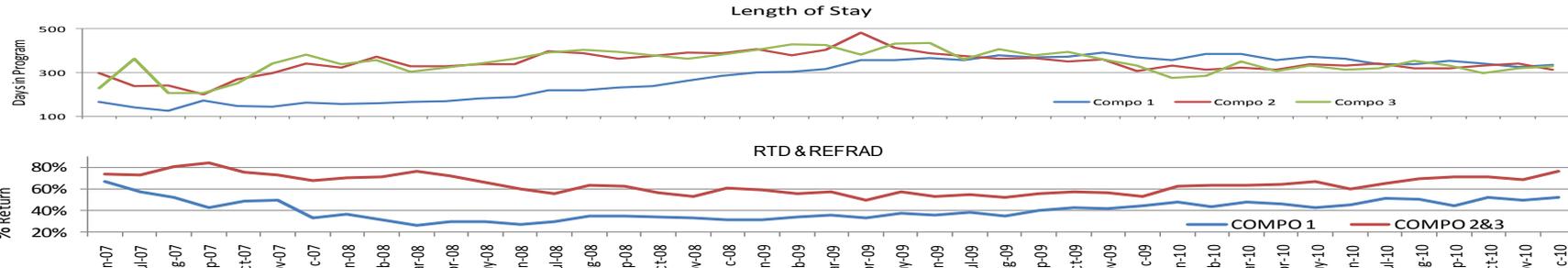
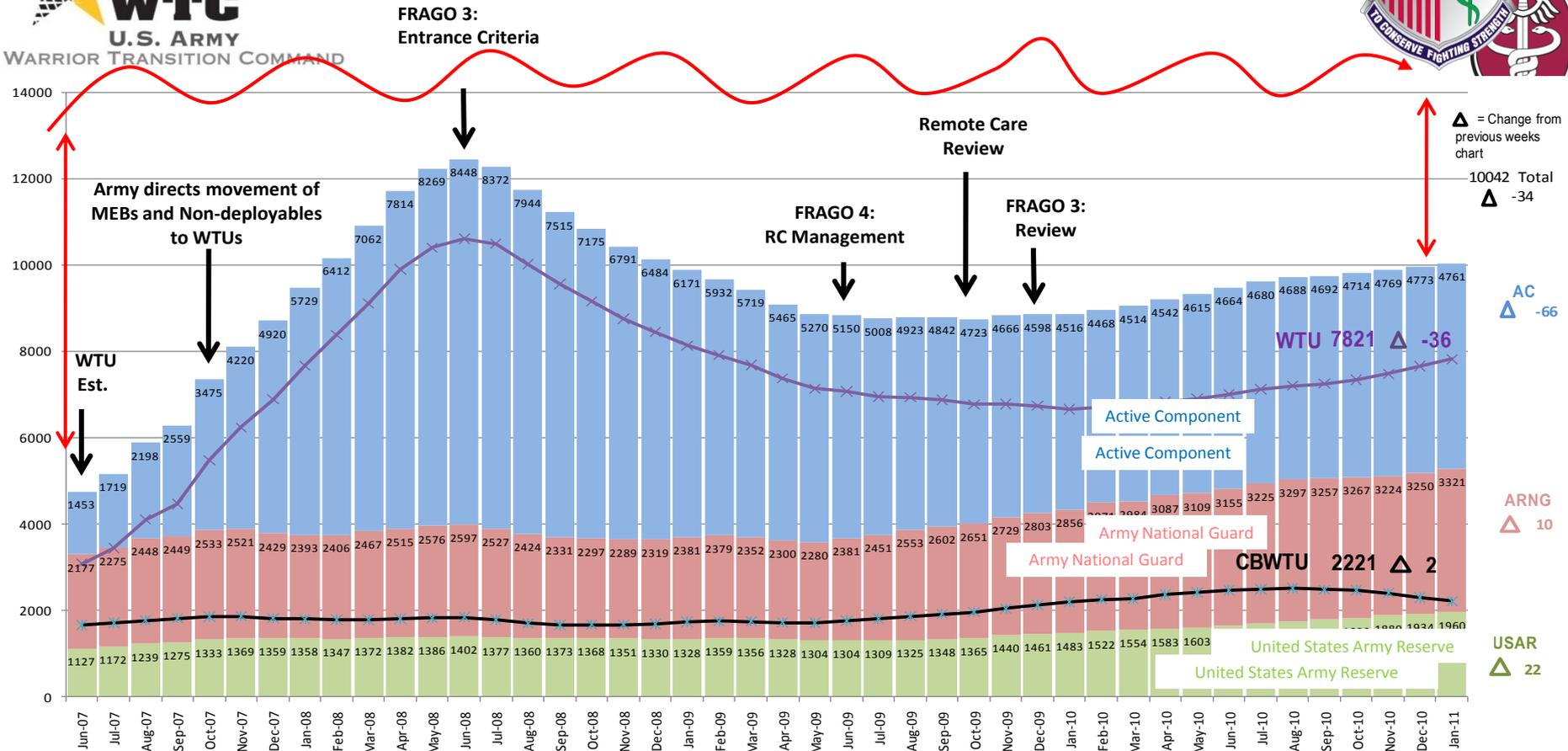
"Never Leave a Fallen Comrade!"

wtc.ops@conus.army.mil

ARMY STRONG

WTU/CBWTU Population Over Time

(Data from MODS 31 January 2011)



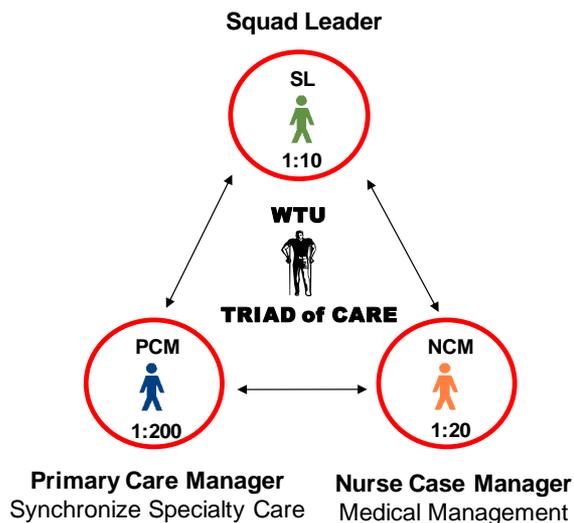
"Never Leave a Fallen Comrade!"

ARMY STRONG

Warrior Transition Unit (WTU) and Community Based WTU

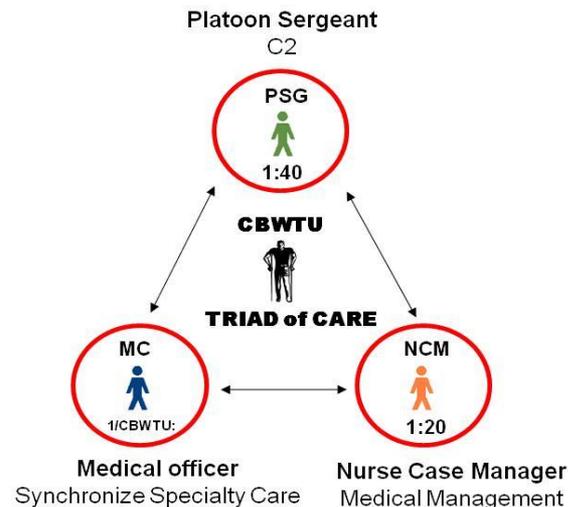


Warrior Transition Unit



- For all components
- Traditional Chain of Command
(Squad Leader - Battalion Commander)
- Focused “Triad of Care” for each Soldier
- Army Wounded Warrior (AW2) Advocate for most seriously injured
- Best facilities on post; priority medical care
- Dedicated Family Support
 - Family Readiness Support Assistant (FRSA)
 - Soldier Family Assistance Center (SFAC)

Community Based WTU



- Primarily for Reserve Component Soldiers
- Modified Chain of Command
(PSG - LTC)
- Focused “Triad of Care” for each Soldier
- Live at home; medical care available CBWTU allows wounded, ill, and injured Soldiers to heal at home
- Duty at approved Title 10 duty site
- Dedicated Family Support
 - Virtual Soldier Family Assistance Center (VSFAC)



Recovery Coordination Program Requirements (DoDI 1300.24; 1 Dec 2009)	US Army Warrior Transition Command (Warrior Care and Transition Program)
Provide trained RCCs, NMCMs, and other non-clinical members of Recovery Team	<ul style="list-style-type: none"> - WTU and AW2 cadre formalized training programs - Cadre distributed learning and resident courses - Soldier and Family Assistance Centers
Ensure appropriate and continuous clinical care	<ul style="list-style-type: none"> - Enhanced access to care standards at Army MTF - NCM (1:20), executes M2 - PCM (1:200), executes M2 - MTF Cdr and DCCS provide M2 oversight
Recovery Team (RSM's Commander, RSM, MCCM, NMCM, and RCC or FRC; other health and service providers)	<ul style="list-style-type: none"> - Command Centric; traditional chain of command - Triad of Care (PCM, NCM, SL/PSG) for each WT - Triad of Leadership (Sr Cdr, MTF, WTU Cdrs) - 3,953 Cadre supporting 9,039 Warriors in Transition
Recovery Care Coordinator (1:40 benchmark) identified in DoDI as having primary responsibility, in conjunction with the RT, for development of the CRP, and assisting Cdr in overseeing and coordinating services/resources.	<ul style="list-style-type: none"> - WTU Commander (1:200) is ultimately responsible - SL (1:10) - PSG (1:40) - AW2 Advocate (1:30)

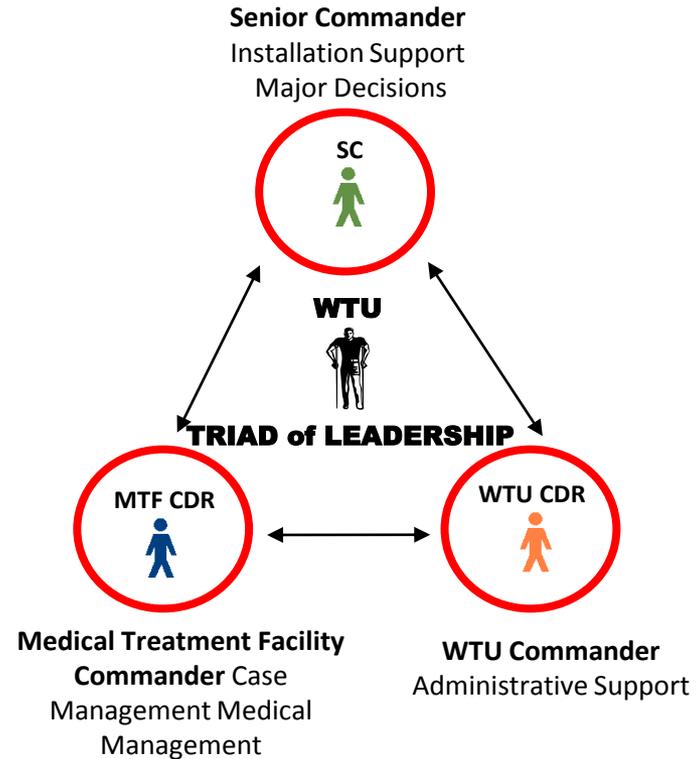


Recovery Coordination Program Requirements (DoDI 1300.24; 1 Dec 2009)	US Army Warrior Transition Command (Warrior Care and Transition Program)
Medical Care Case Managers (MCCM)	<ul style="list-style-type: none"> - NCM (1:20) coordinates all clinical care for WT; assists with moving WT/Family toward meeting planned outcomes; provide seamless transition of care across all sites, episodes and levels of care and across various DoD, VA, and civilian treatment facilities.
Non-Medical Care Managers (NMCM) (1:40 benchmark)	<ul style="list-style-type: none"> - SL (1:10) & PSG (1:40) serve as NMCMs - AW2 Advocates for most seriously injured
Additional Recovery Team Members PCMs, BH providers, OT, PT, PEBLO, Chaplain, etc.	<ul style="list-style-type: none"> - Multi-disciplinary team approach - PCM (1:200 WT) - part of the Triad of Care - Integrated LCSW, PEBLO, OT/PT, MEB Physicians, Chaplain, SFAC personnel, Family Readiness Support Assistant
Comprehensive Recovery Plan (CRP)	<ul style="list-style-type: none"> - Comprehensive Transition Plan (CTP)
Comprehensive Assessment of Family Needs	<ul style="list-style-type: none"> - Family Support Module in CTP; SFAC Support

The Triad of Leadership

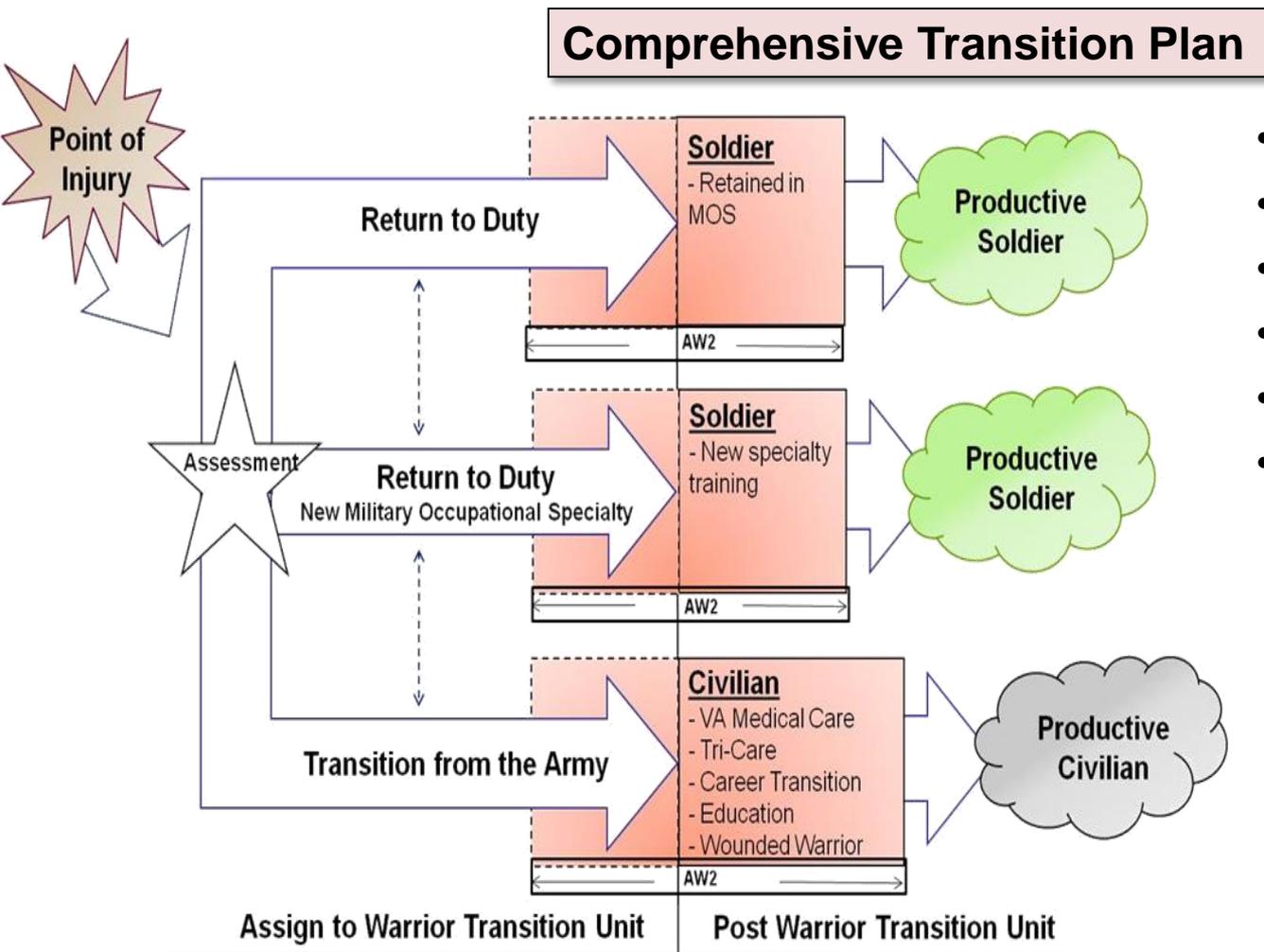


- Leadership center of gravity responsible for meeting the intent of the WCTP DA EXORDs and FRAGOs
- Decision on assignment, reassignment, and exit from WTU
- Approve all cadre to include BN/CO commanders



Army Rehabilitation and Transition

“Focus on the future; not disability”



- Number One Priority
- Focuses on the future
- Goal setting
- CTP Scrimmage
- Weekly assessments
- Cdr’s reports

Phases of the CTP

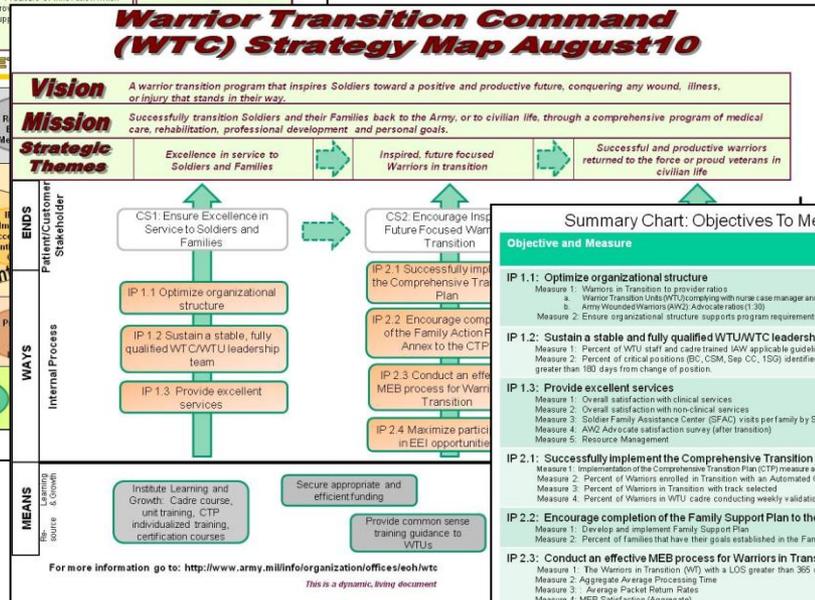
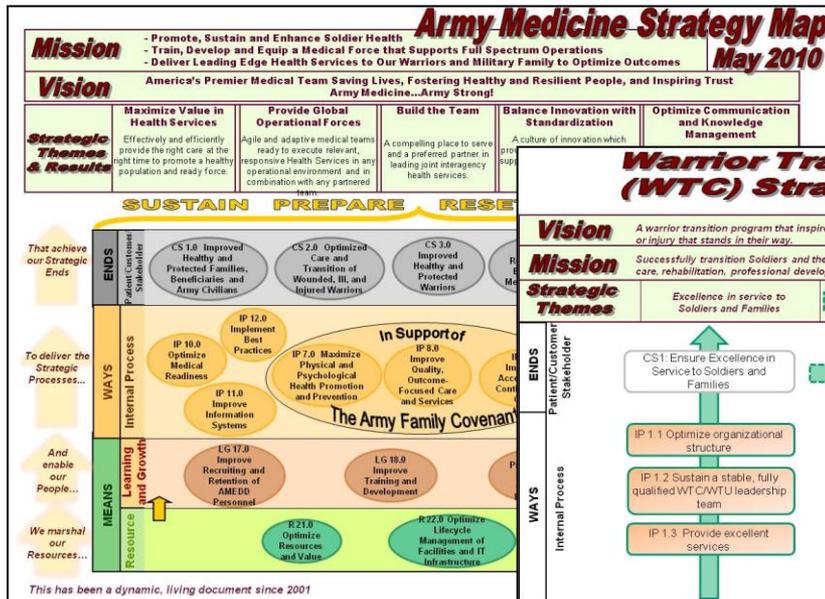
1. Reception/Intake
2. Assessment
3. Goal Setting
4. Rehabilitation
5. Pre-Transition
6. Post-Transition

NDAA08: The CTP meets the intent of NDAA08 and exceeds the requirements of the DoD Recovery Coordination Program by identifying seriously wounded, Injured, and ill Soldiers and their Families with severe needs and collectively maps out a path of recovery for the Soldier and Family.

WTC Balanced Scorecard Where We Were



November 2010
CG and WTC Senior Staff stepped back and synchronized collective efforts



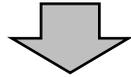
Summary Chart: Objectives To Metrics with Objective Owners and assists

Objective and Measure	Objective Owner	Assist
IP 1.1: Optimize organizational structure Measure 1: Warriors in Transition to provider ratios a. Warrior Transition Units (WTU) complying with nurse case manager and squad leader ratios (1:10) (1:20) b. Army Wounded Warriors (AW2) Abo-ocare ratios (1:30) Measure 2: Ensure organizational structure supports program requirements	G1 AW2 G6	OPS/G8 PPE
IP 1.2: Sustain a stable and fully qualified WTU/WTC leadership team Measure 1: Percent of WTU staff and cadre trained (AW applicable guidelines (data from USSF) Measure 2: Percent of critical positions (BC, CSM, Sep CC, ISG) identified and managed through the slating process greater than 180 days from change of position.	PPP G1	OPS
IP 1.3: Provide excellent services Measure 1: Overall satisfaction with clinical services Measure 2: Overall satisfaction with non-clinical services Measure 3: Soldier Family Assistance Center (SFAC) visits per family by SFAC service Measure 4: AW2 Advocate satisfaction survey (after transition) Measure 5: Resource Management	CLIN/OPS PPP PPE AW2 G6	MED/COM DSC MED/COM DSC PPE/DSC
IP 2.1: Successfully implement the Comprehensive Transition Plan Measure 1: Implementation of the Comprehensive Transition Plan (CTP) measure against approved time line and milestones Measure 2: Percent of Warriors enrolled in Transition with an Automated CTP (aCTP) Measure 3: Percent of Warriors in Transition with track selected Measure 4: Percent of Warriors in WTU cadre conducting weekly validation of self assessment	PPP PPE G6 PPE	G6 G6 G6
IP 2.2: Encourage completion of the Family Support Plan to the CTP Measure 1: Develop and implement Family Support Plan Measure 2: Percent of families that have their goals established in the Family Support Plan	PPP PPP	G6
IP 2.3: Conduct an effective MEB process for Warriors in Transition Measure 1: The Warriors in Transition (WI) with a LOS greater than 365 days, the percent with no MEB Measure 2: Aggregate Average Processing Time Measure 3: Average Packet Return Rates Measure 4: MEB Satisfaction (Aggregate) Measure 5: Desired vs. Actual Outcome (% Awarded)	PPE PPE PPE PPE PPE	G6
IP 2.4: Maximize participation in EEI opportunities Measure 1: Percent of WT's who are participating in, or have completed participation in, an ODFW internship Measure 2: Number of WT's who are participating in an education or work program activity	G1 G1	G6
IP 3.1: Sustain an effective program Measure 1: Exit survey results Measure 2: Post aCTP Survey	PPE PPE	MED/COM AW2/DSC
IP 3.2: Transition Warriors effectively Measure 1: Percent of RTD/REFRAD Since June 07 Measure 2: Percent of WT's who attended initial ACAP briefing (pre-separation appointment)	PPE G1	

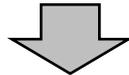
WTC Balanced Scorecard Where We Are Going



VISION: To become the Nation's recognized leader in turning an injury or illness limiting event into unlimited potential.



MISSION: The Warrior Transition Command provides centralized oversight, guidance, and advocacy empowering wounded, ill, and injured Soldiers, Veterans, and Families through a comprehensive transition plan for successful reintegration back into the force or into the community with dignity, respect and self-determination.

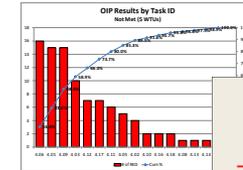
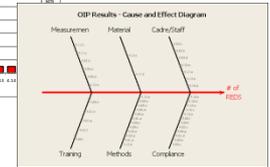
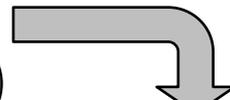


Set the Environment

Foster an empowered environment focused on healing and reintegration

Set the Program

Flexible and innovative solutions that create productive soldiers, veterans, and families.



CPI





WTU Satisfaction

Dr. Melissa Gliner

Decision Support Center

Plans, Analysis and Evaluation



Specific Questions Background

- What did we know?
 - In July 2002, then Surgeon General, LTG Peake, directed the establishment of a comprehensive survey program for monitoring patient satisfaction with healthcare visits to the MTF. Our patients are significantly happier with care delivered at Army MTFs versus Civilian Benchmarks. This trend continues to increase.
- “What did we know prior to the Washington Post exposé?”
 - Army leadership began surveying Medical Holdover Soldiers (Compo 2 and 3) in June, 2006. The results (data collected June 2006 - February 2007) indicated that soldiers were satisfied with medical care, case management, and their providers.
 - We did not ask questions about the issues identified in the Washington Post article (barracks and the Physical Disability Evaluation System).
- The Survey was modified in March, 2007, to include Active Component Soldiers, and the instrument was expanded to include questions related to quarters, transportation, and finance.



Methodology

- Telephone survey administered by Synovate, inc. (industry leader in survey research)
- Soldiers receive a survey following specific anniversary dates – 30 days, 120 days, 280 days and 410 days
- Additionally, Soldiers receive an MEB survey towards the end of the Medical Evaluation Board process
- In summer, 2010, the survey instrument was modified to include specific questions related to pain management

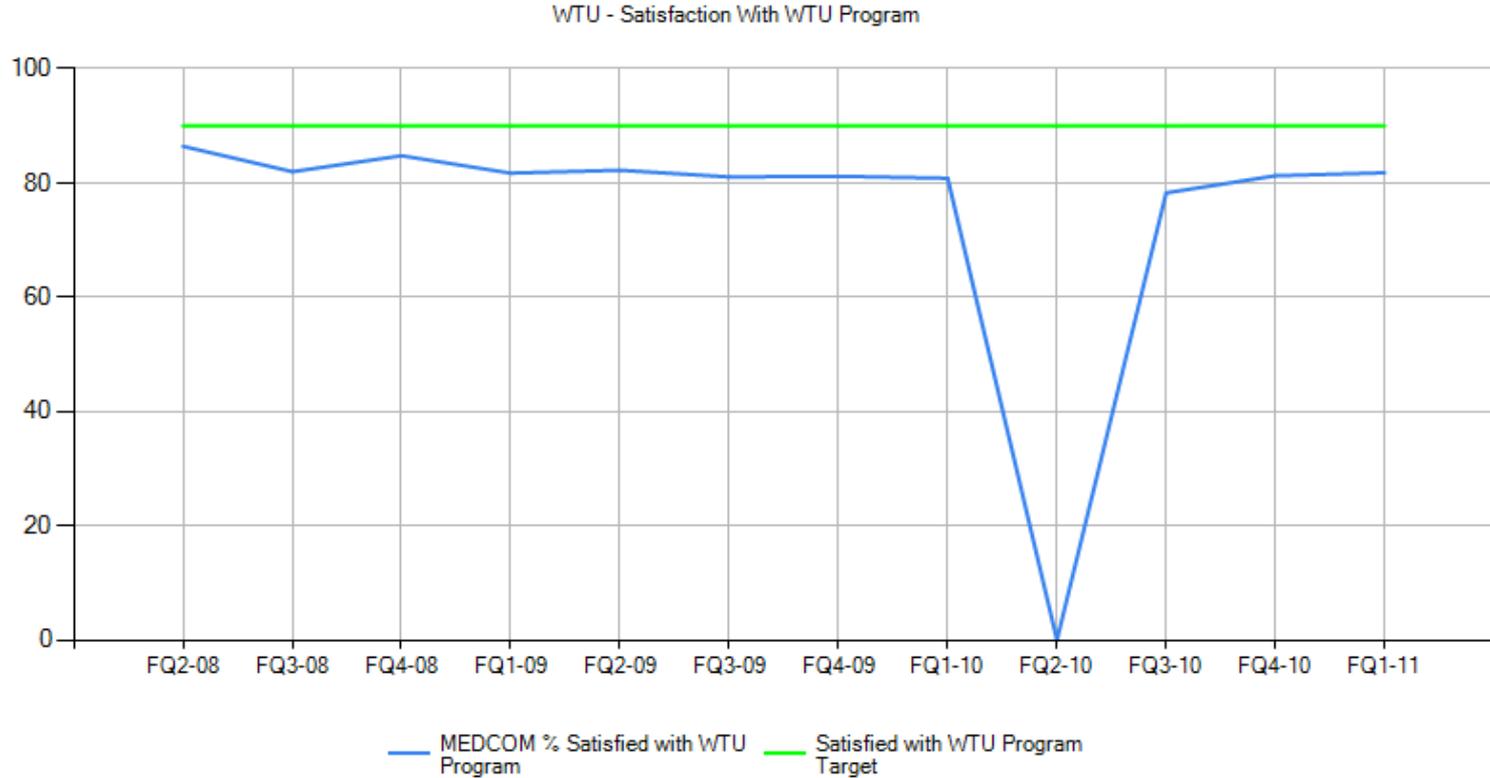


BLUF

- WTU satisfaction has remained stable over the past two years
- The longer Active Component Soldiers remains in the WTU, the less satisfied they are; the opposite is true for Guard and Reserve Soldiers.
- Access to care and satisfaction with providers continue to be issues of concern – additionally, satisfaction with healthcare provider is a top driver of overall WTU Satisfaction
- Soldiers indicate (through recent verbatim comments) that pain management is an ongoing struggle, yet MTFs are developing innovative methods to improve issues with pain management
- MEB satisfaction remains low – the top predictor of satisfaction is knowledge of the system. Trend data will be available this month.



Overall WTU Satisfaction



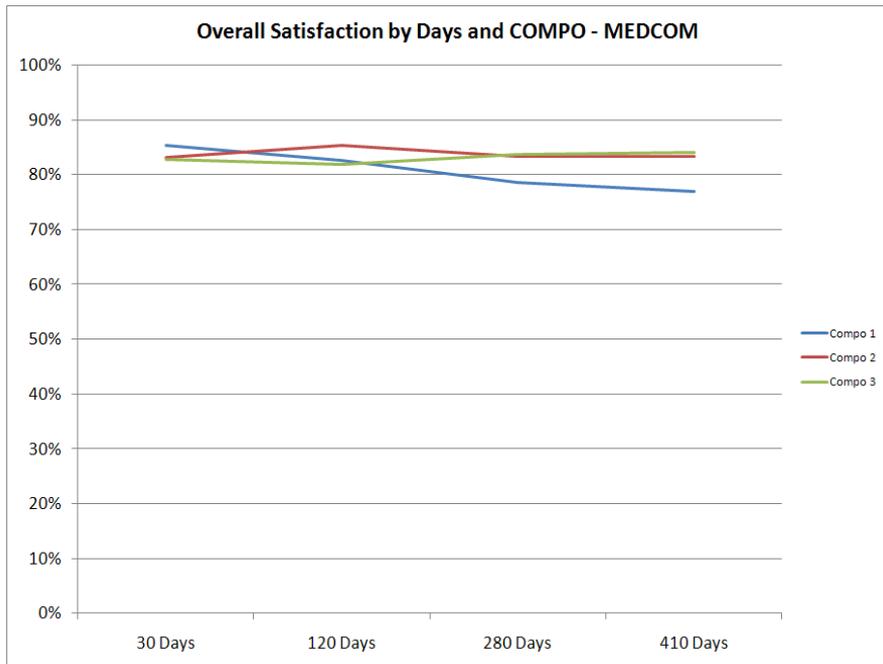
	FQ2-08	FQ3-08	FQ4-08	FQ1-09	FQ2-09	FQ3-09	FQ4-09	FQ1-10	FQ2-10	FQ3-10	FQ4-10	FQ1-11
MEDCOM	86.42%	81.99%	84.78%	81.73%	82.24%	81.07%	81.19%	80.84%	0.00%	78.28%	81.27%	81.80%
MEDCOM	783	906	1,716	1,199	1,204	2,055	1,632	498	0	1,355	1,202	1,515
MEDCOM	906	1,105	2,024	1,467	1,464	2,535	2,010	616	0	1,731	1,479	1,852



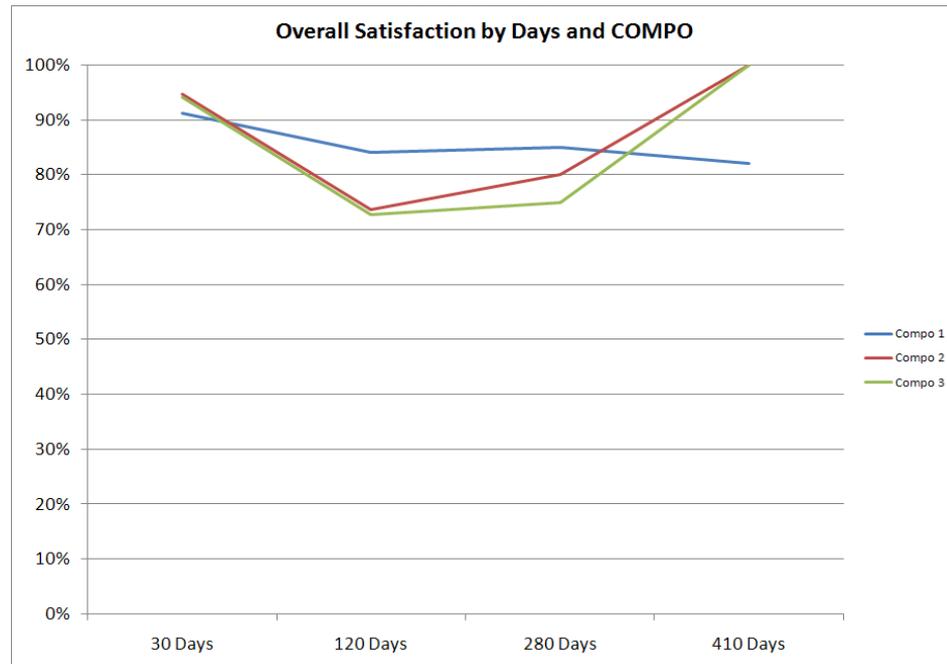
Warrior Transition Unit Survey



MEDCOM



MTF X



PATCOMPO * CMPGROUP Crosstabulation

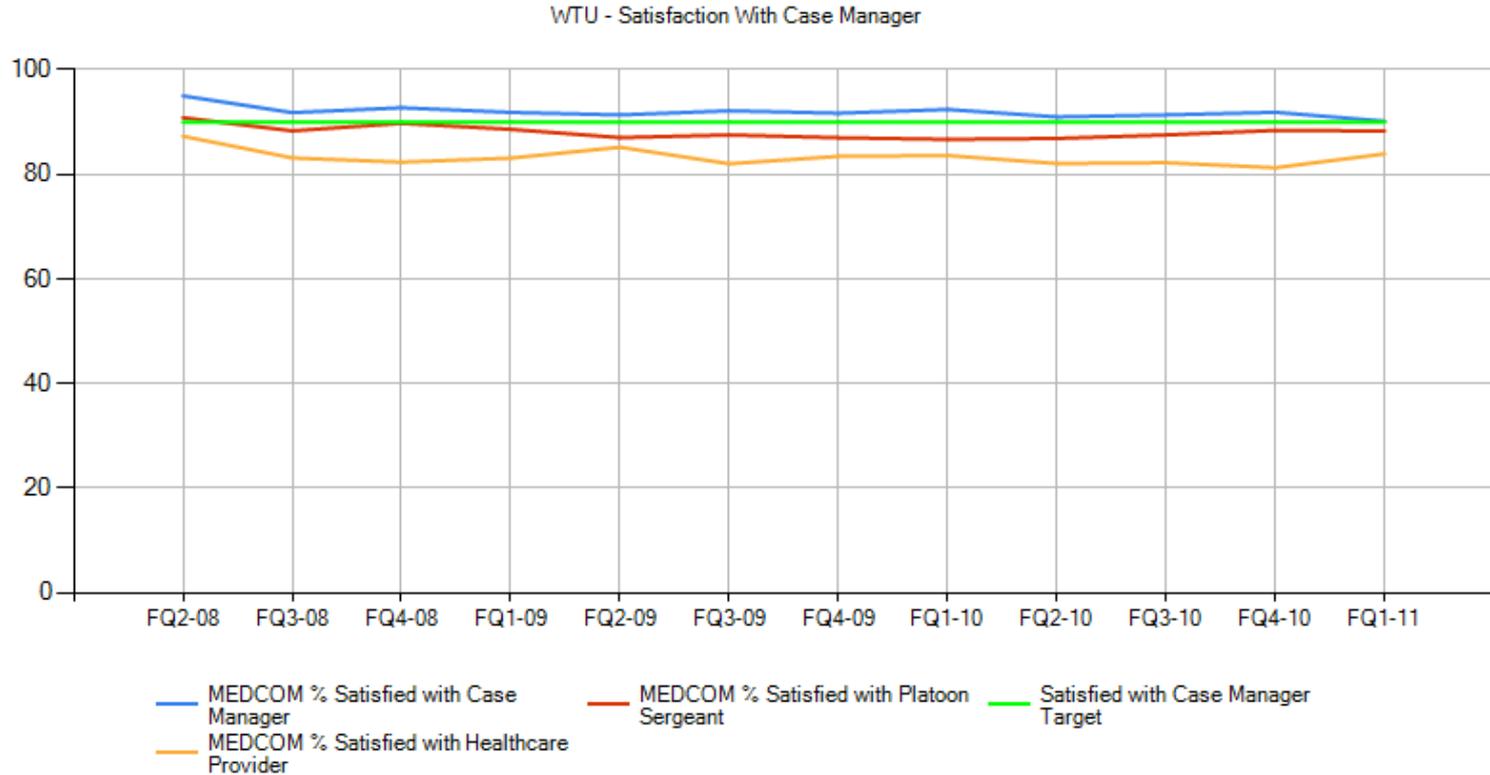
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		030	120	280	410	
	PATCOMPO 1	3669	3625	2173	1225	10692
	2	2559	1979	1036	629	6203
	3	1353	1079	653	410	3495
	Total	7581	6683	3862	2264	20390

PATCOMPO * CMPGROUP Crosstabulation

Count		CMPGROUP				Total
		030	120	280	410	
	PATCOMPO 1	409	335	143	83	970
	2	27	23	10	7	67
	3	20	15	8	3	46
	Total	456	373	161	93	1083

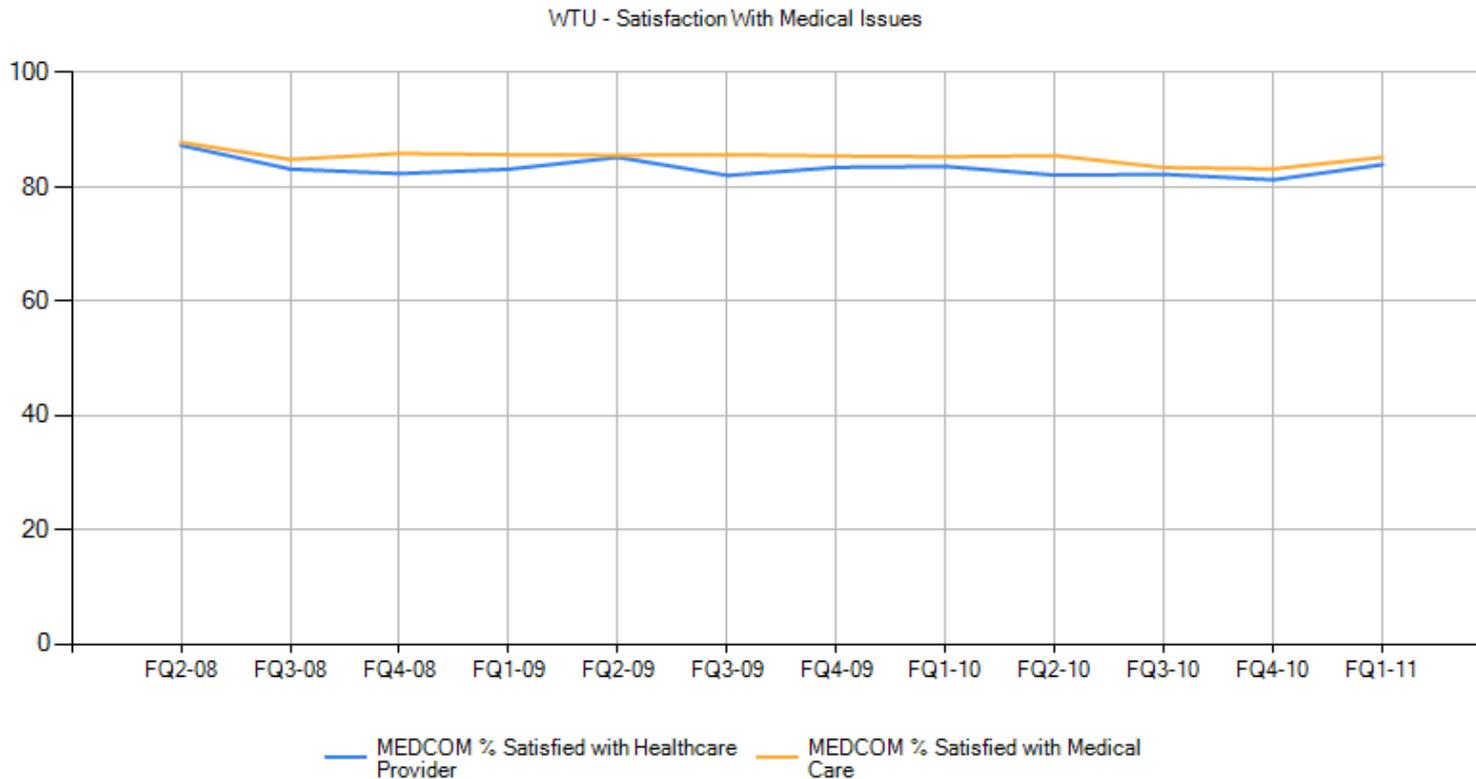


Satisfaction with Case Manager, Provider, Squad Leader



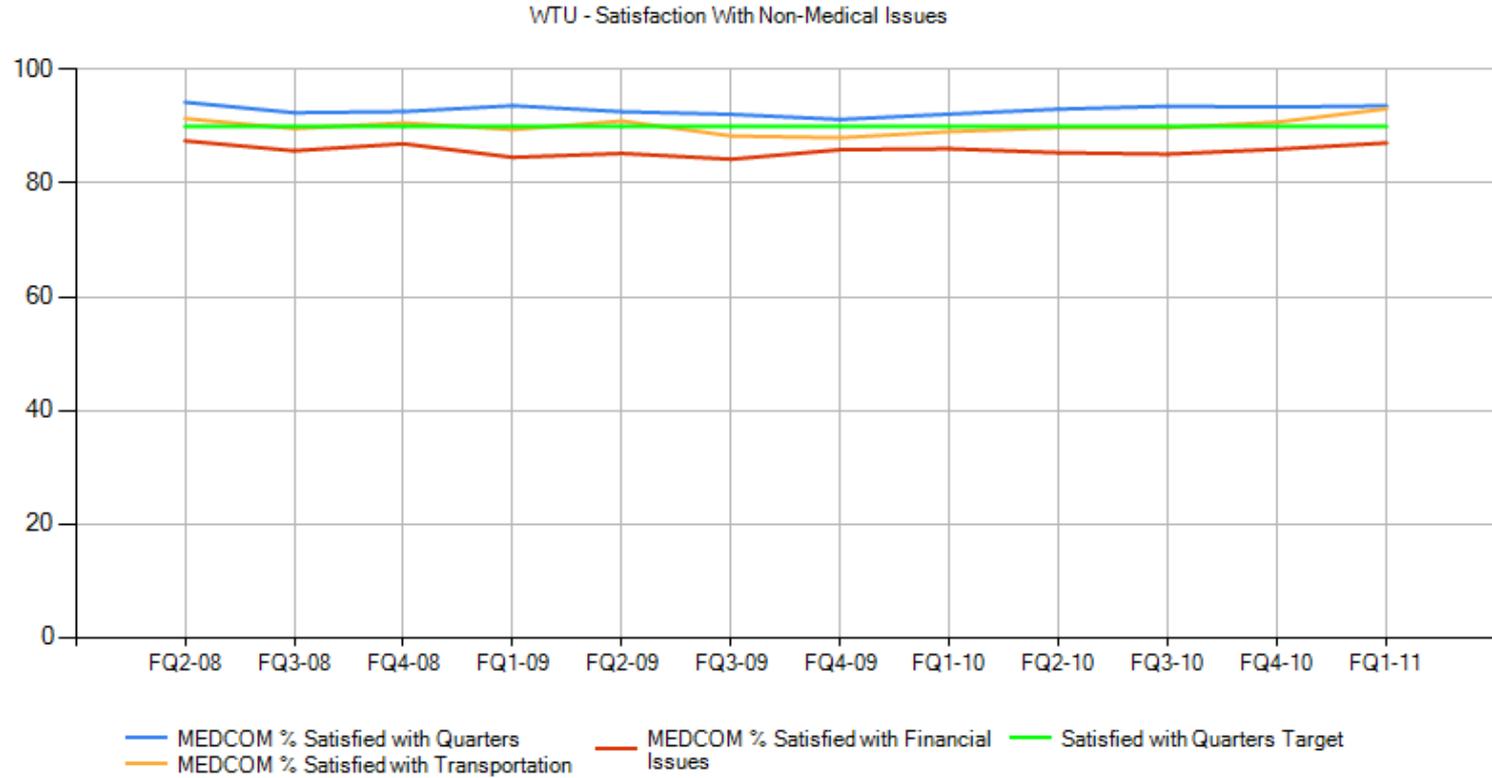


Satisfaction with Medical Issues



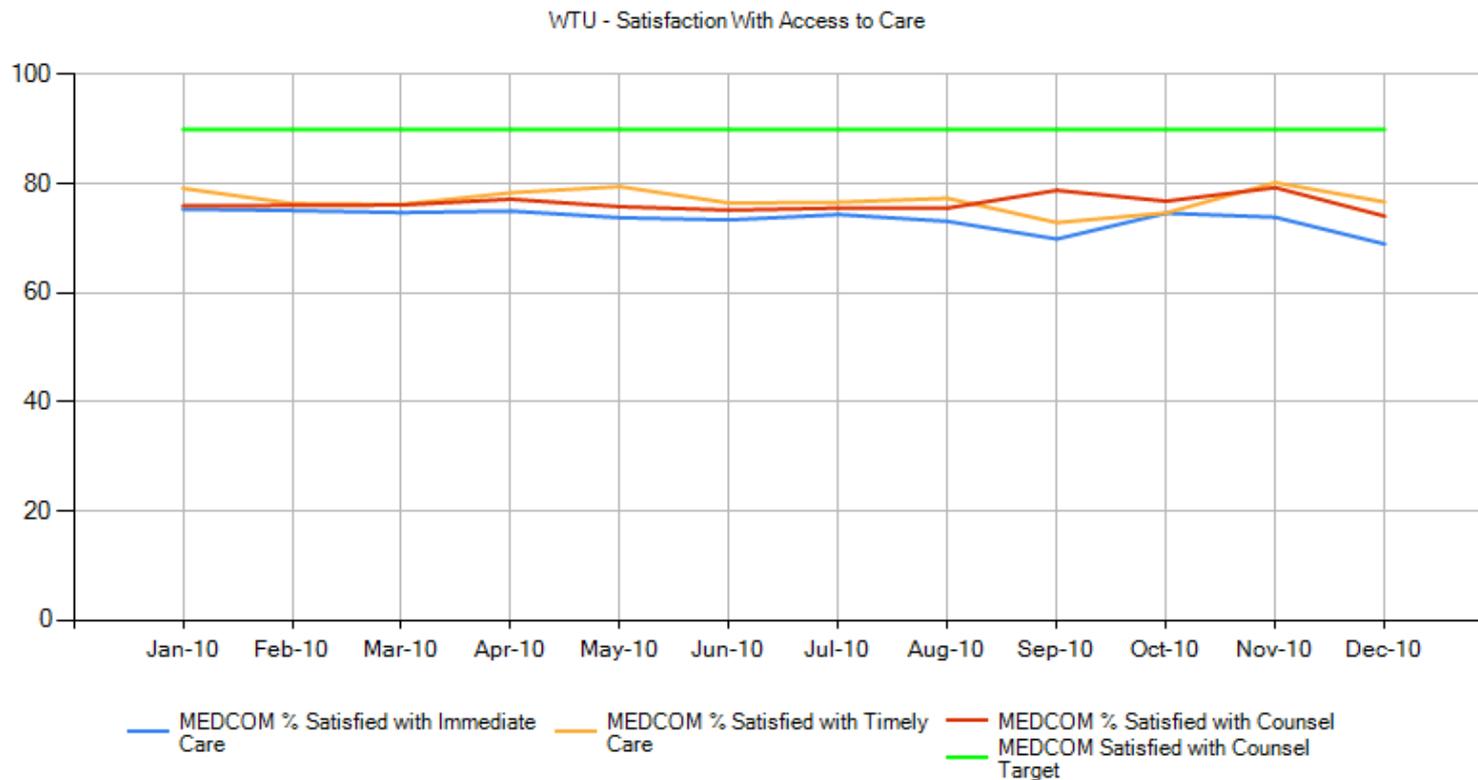


Satisfaction with Non-Medical Issues





Satisfaction with Access to Care

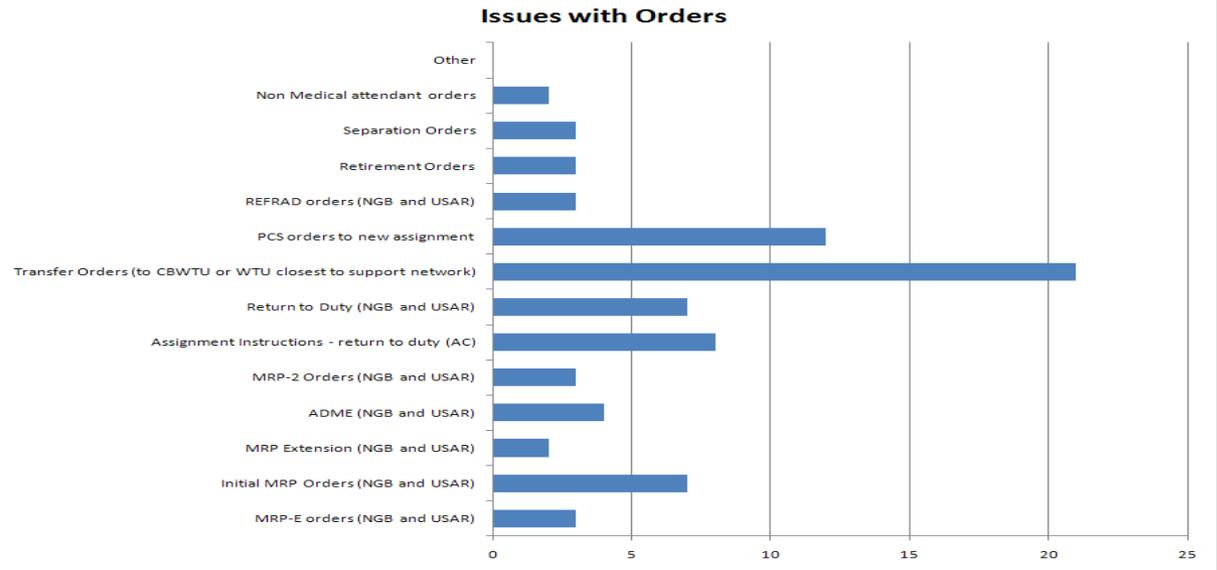
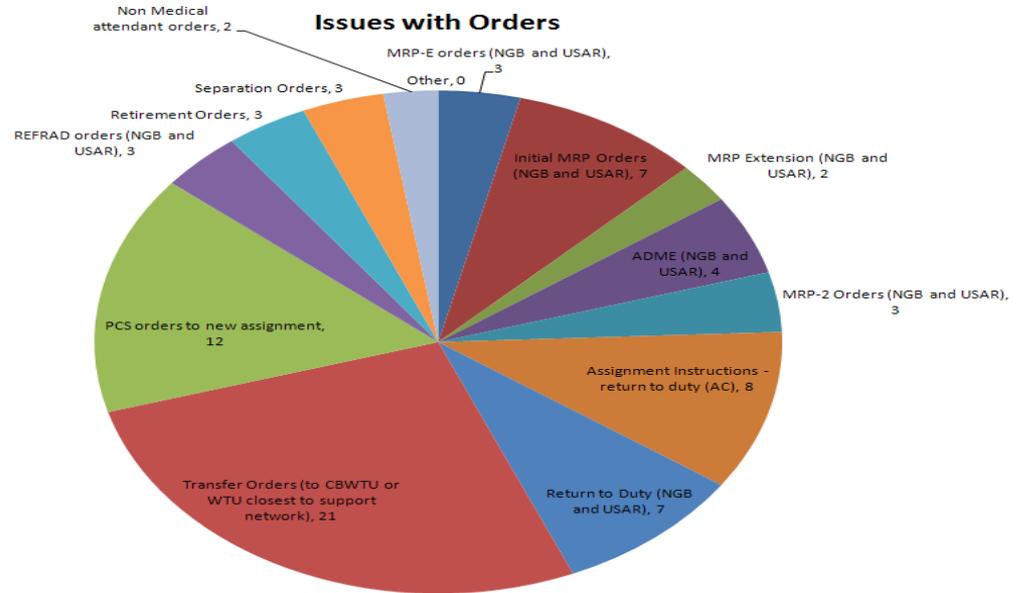




Warrior Transition Unit Survey



Two Views





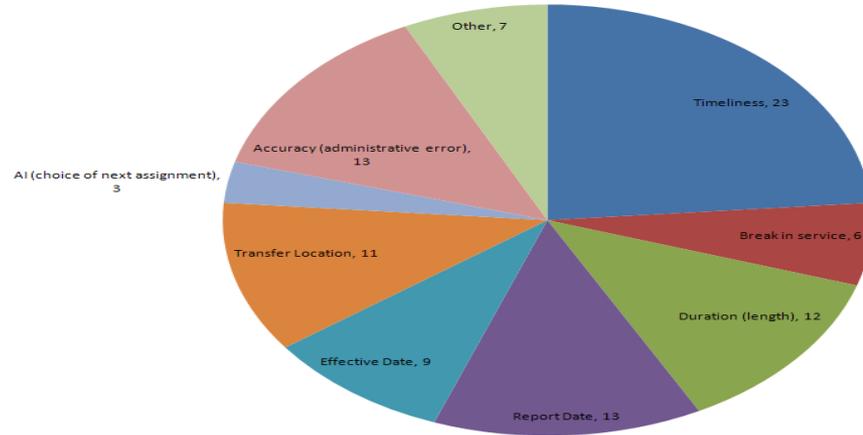
Warrior Transition Unit Survey



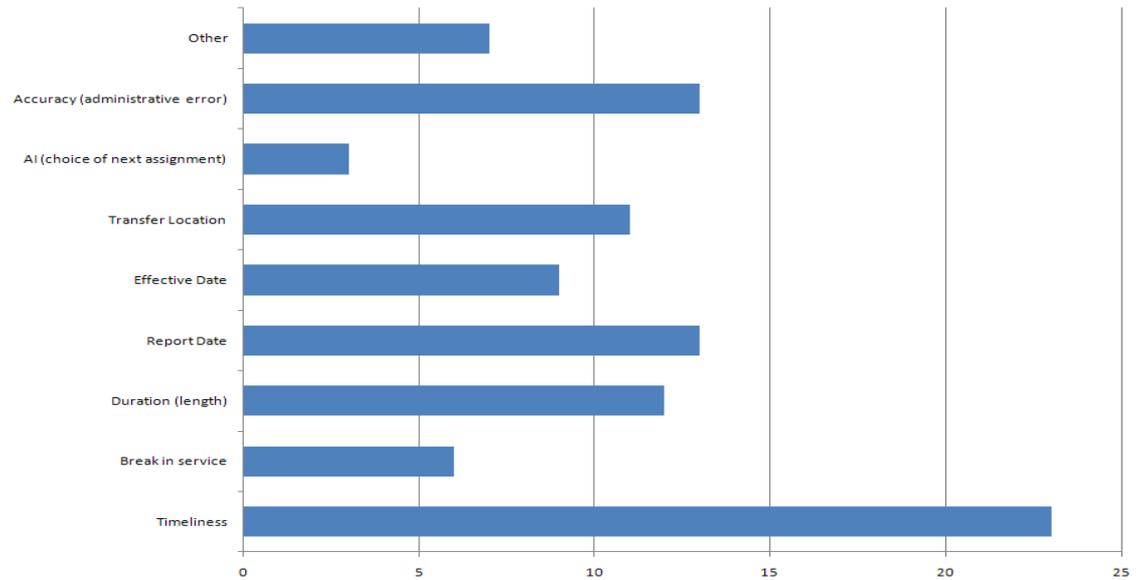
Two Views



Nature of Problem with Orders



Nature of Problem with Orders





WTU Verbatim Comments

- They changed my CM to a new one; he flat out dropped the ball no response of any kind or interactions. I'm better off staying with CPT Angle who works with me. Check sheets asking about mental questions, those check sheets used to be handled better and they need to be careful how they react with the soldier or assume that he is extremely suicidal. They need to know it's their pain that's probably causing. If you have a military SGT help them; they are more willing to understand instead of moving quickly so they can recognize what's really wrong with the soldier. Health providers need to not be jumpy and really need to examine their soldiers and handle it differently. Soldiers try to get an appointment but can't because minor injuries get taken care of 1st. They should take care of those who are truly injured 1st rather than the minor injuries
- The mental health needs to be more available to the soldiers.
- No the program is excellent, and is helping me recover. That's it.
- If I'm a LTC I shouldn't be doing SSG work. My CM refused to allow me to schedule my own appointments. As a LTC I should be allowed to work with her to be able to do that. She should be filling the position of a Battalion Command, Brigade S3, division staff positions. It is difficult to keep up with the appointments with her. The healthcare was great. DR Orr is exceptional. He treats his every patient like quality individuals. The guy is masterful as a Surgeon. I'm confident that the surgery on my right foot will have 100% success rate.
- I think they need to speed up the services and expedite the orders for us National Guard soldiers and Reservists in order to get them/us home faster to our loved ones and families. That is all I've got to say.
- The CM are overloaded with soldiers. They are doing their best, but they can't give the care that is needed. Overall, I have been impressed with the WTU. I feel I am being backed up instead of left out to dry. There are things that need to be fine-tuned, but it's pretty good overall



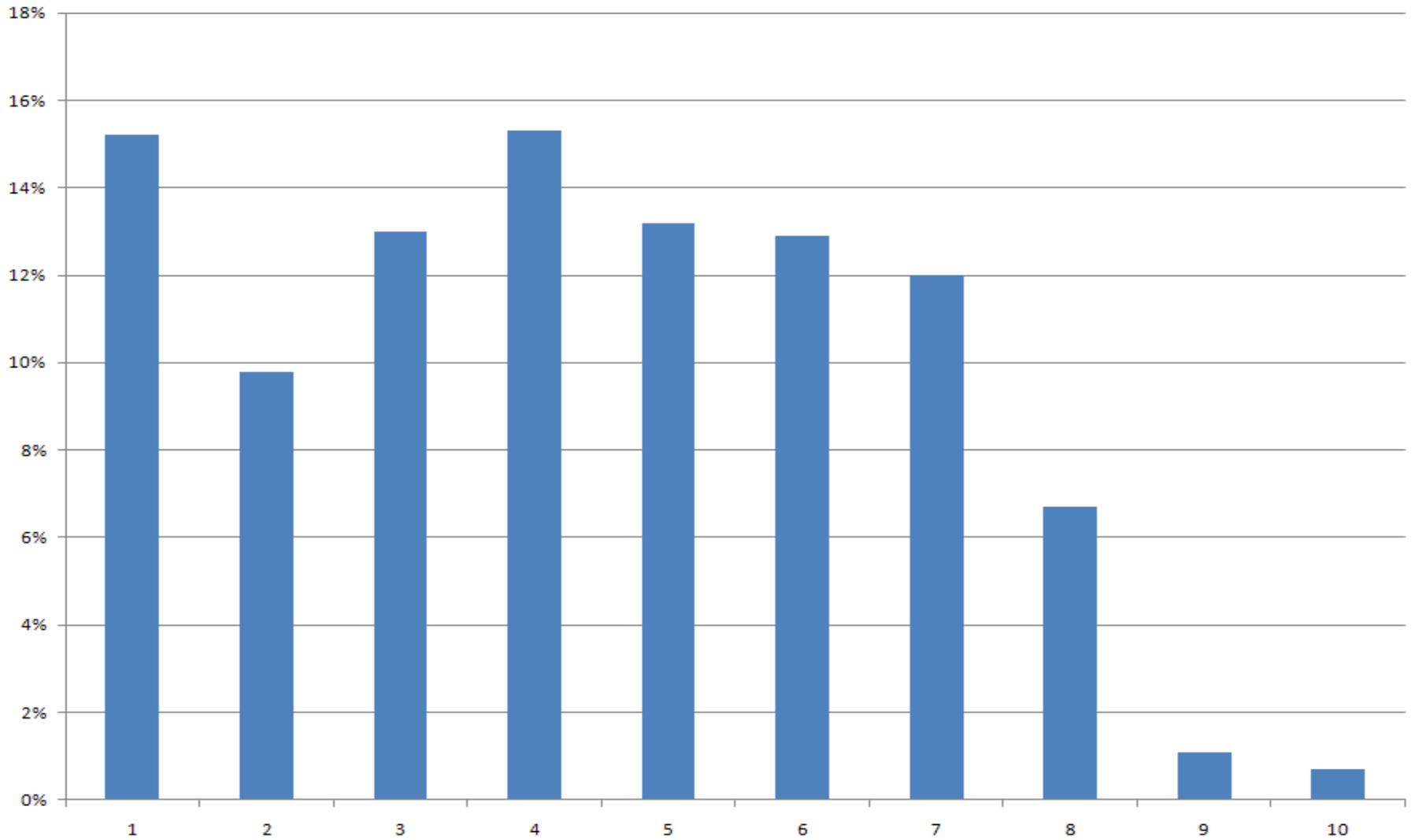
Pain Management



Warrior Transition Unit Survey

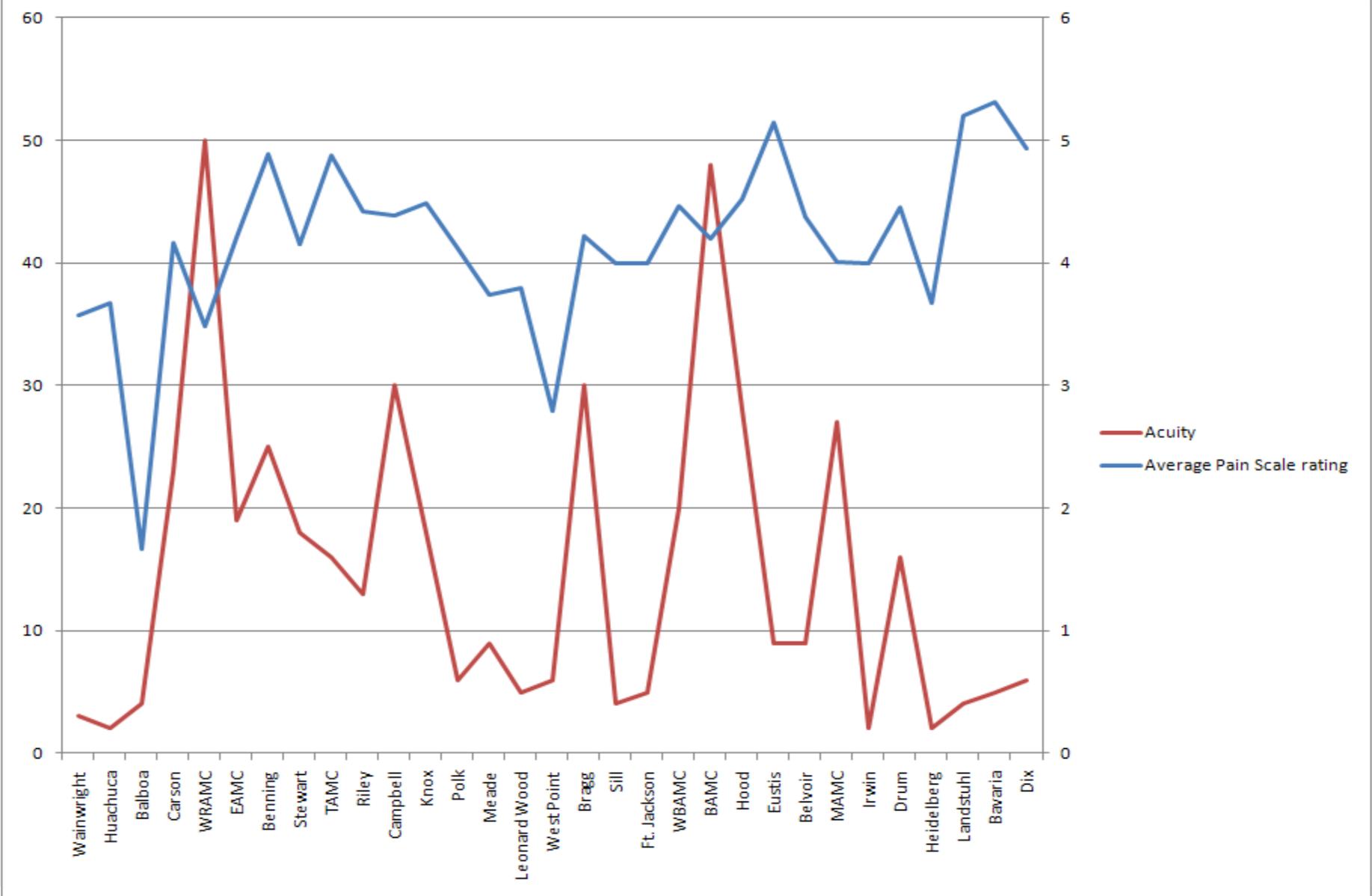


MEDCOM - PAIN SCALE



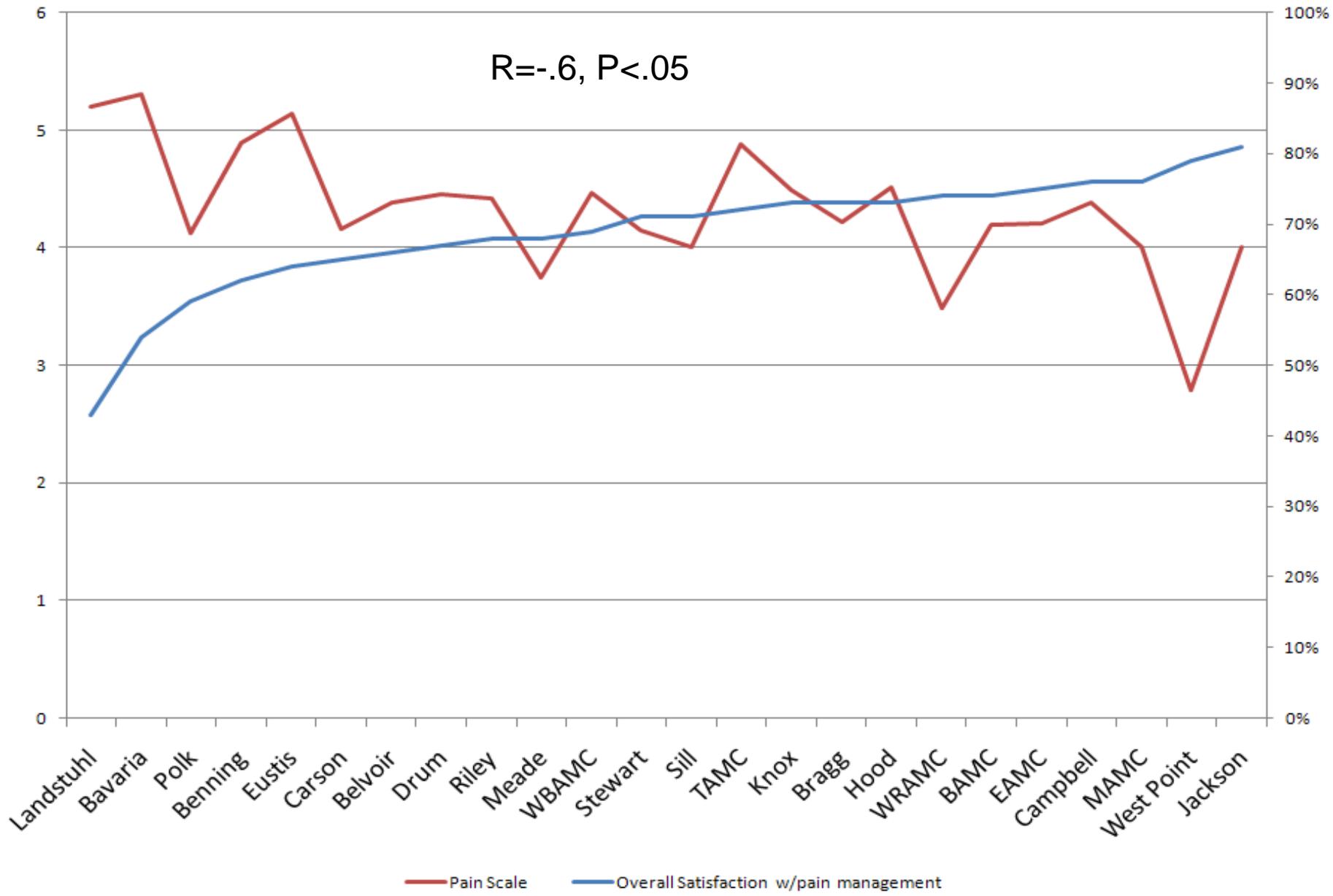


Warrior Transition Unit Survey





Warrior Transition Unit Survey

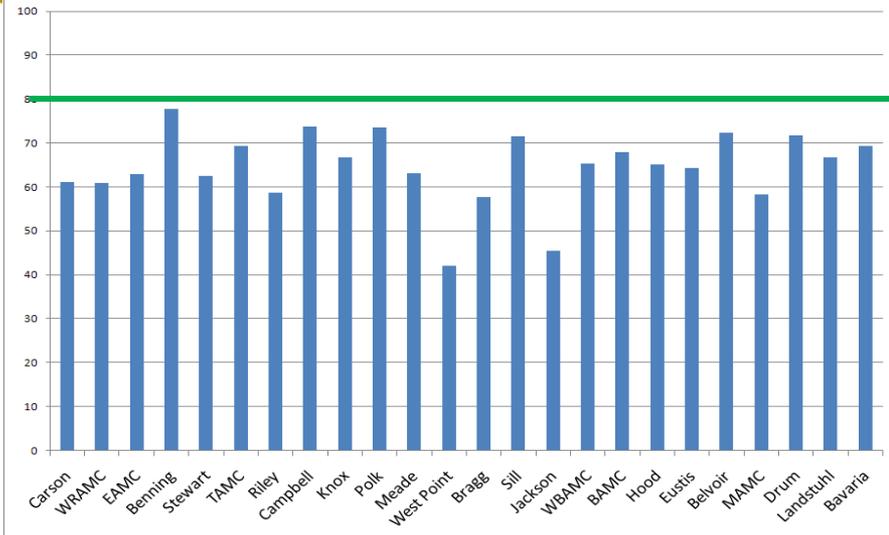




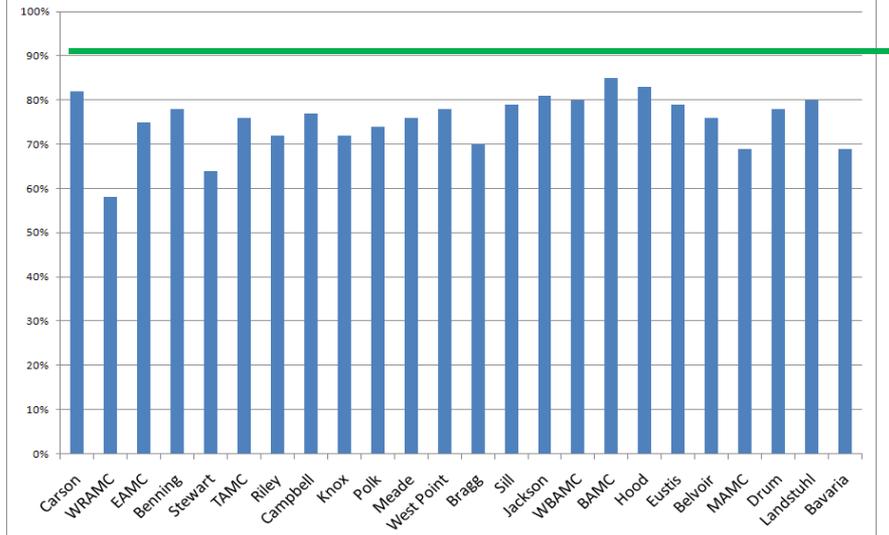
Warrior Transition Unit Survey



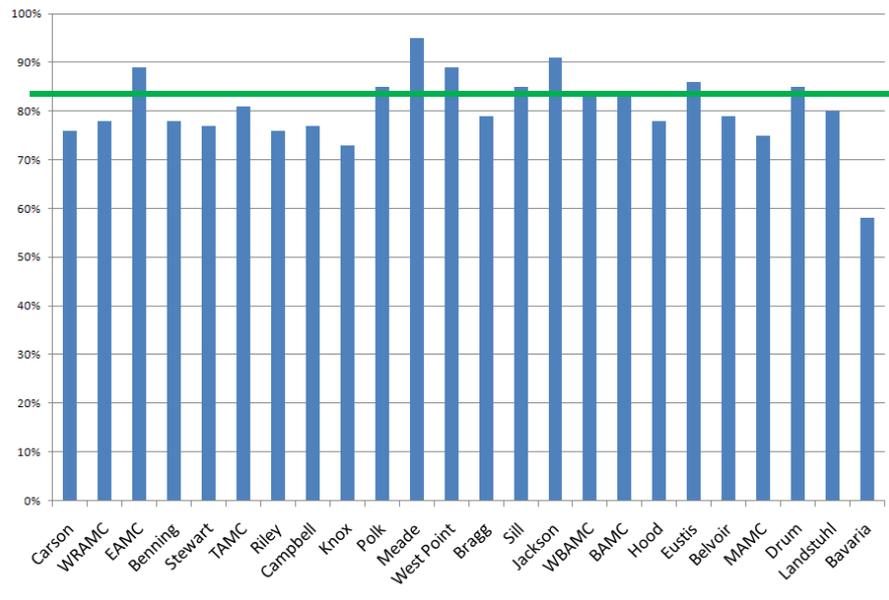
Pain Primary Problem



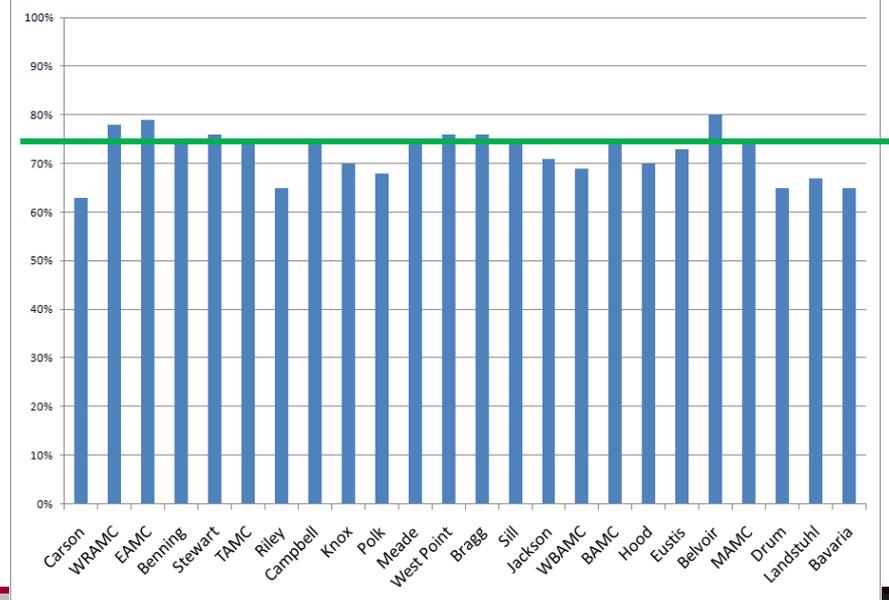
Provider believes I am in pain



Confident provider able to manage pain



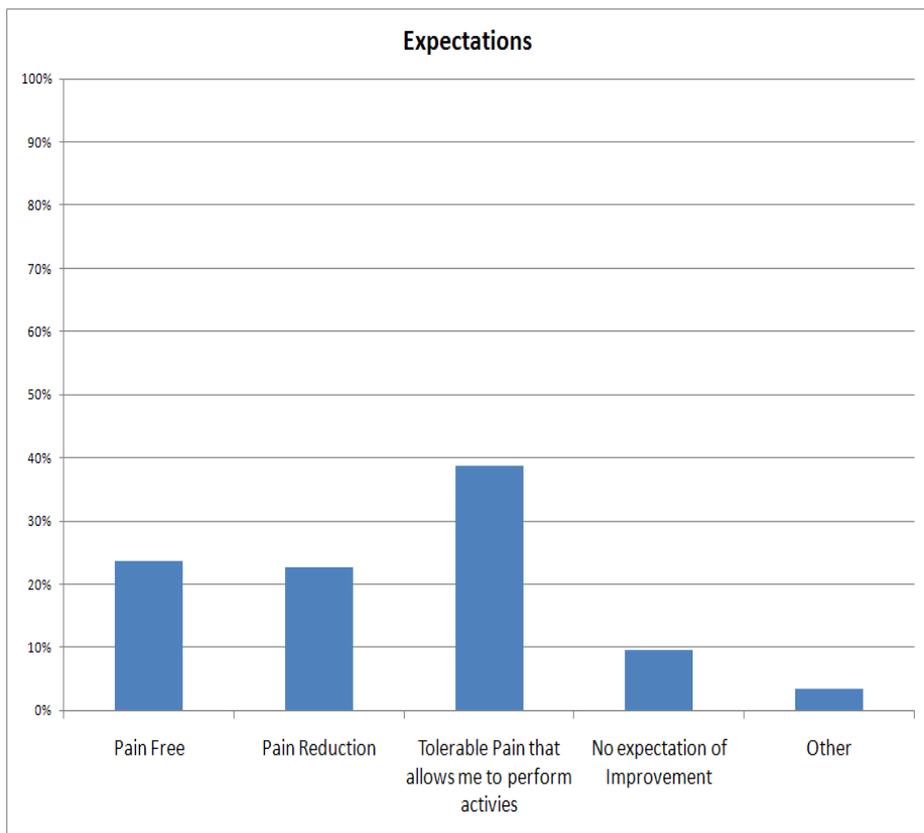
Able to control pain



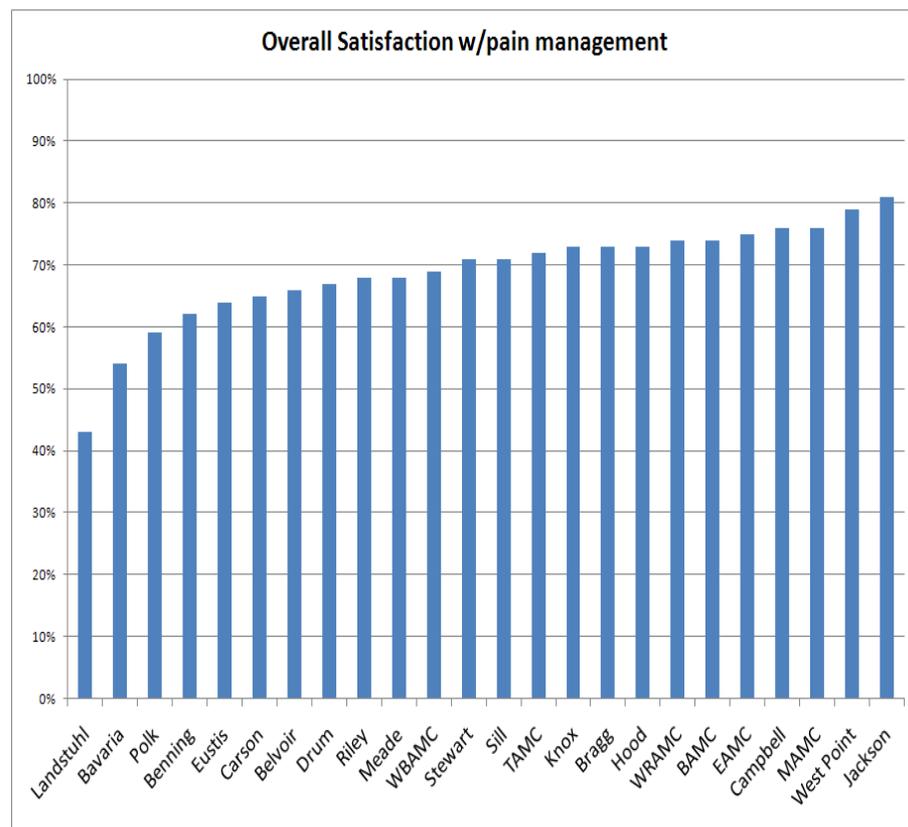


Overall (Expectation and Satisfaction)

Expectations



Overall Satisfaction w/Pain Management





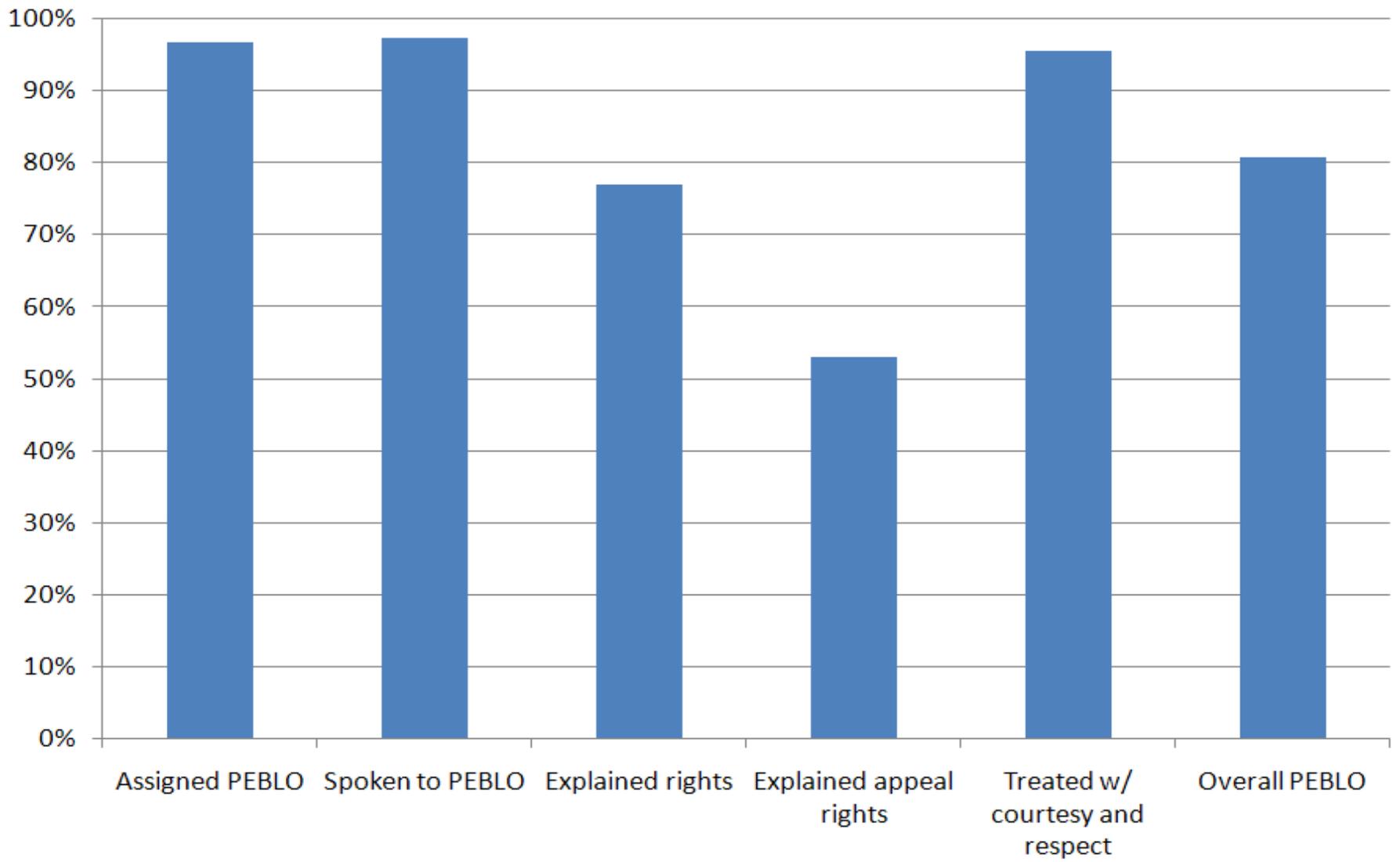
MEB



Warrior Transition Unit Survey



MEDCOM - Satisfaction with PEBLO

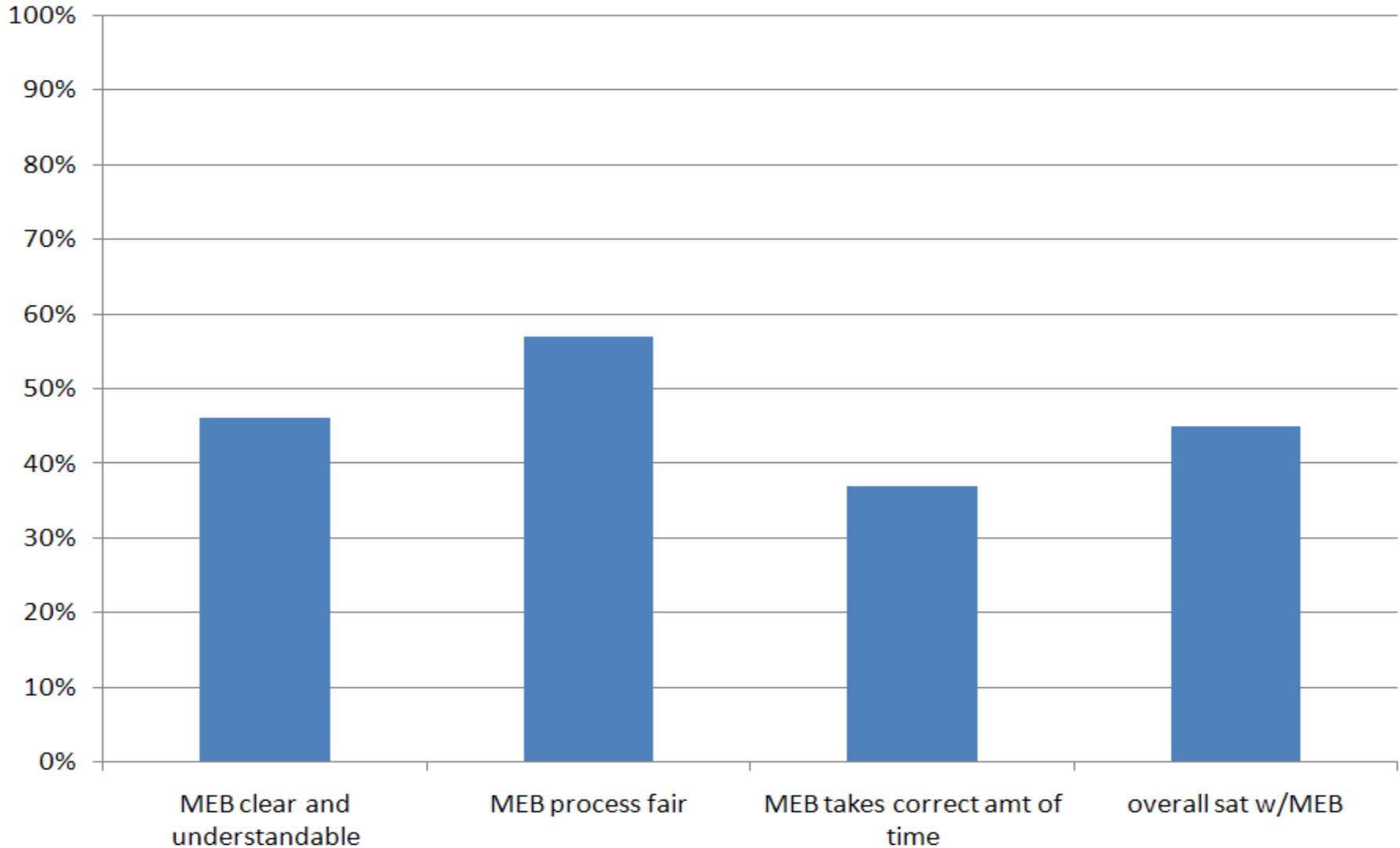




Warrior Transition Unit Survey



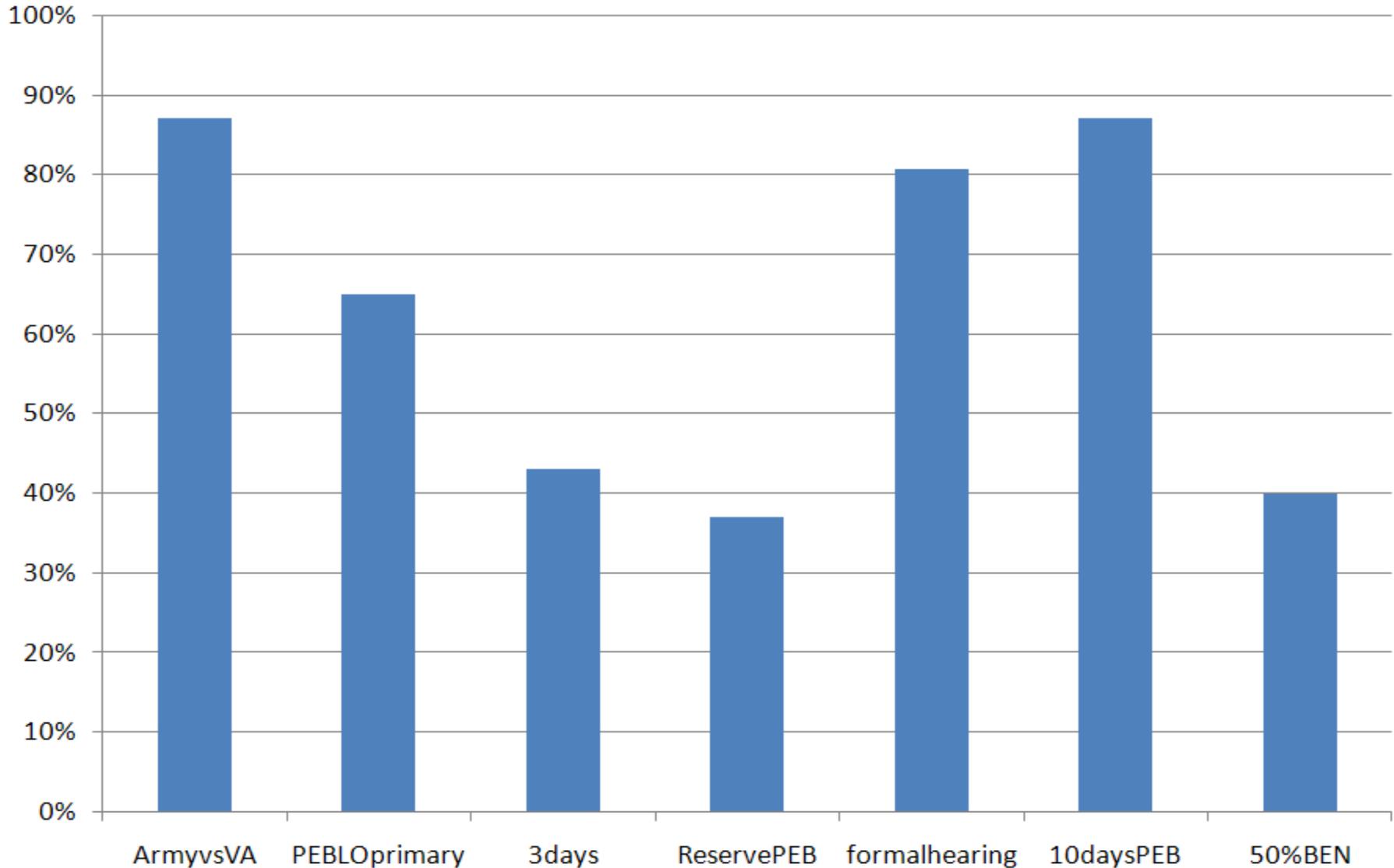
MEDCOM - Satisfaction with Process



Warrior Transition Unit Survey



MEDCOM - Knowledge Test





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DSN - 761

Non-Clinical Aspects of the Warrior Care and Transition Program: Training, Best Practices & Information Resources

Mr. Thomas Webb

Deputy to the Commander
Warrior Transition Command

WTC Cadre Training



- WTU/CBWTU Cadre Resident Course (10 days)
 - Training requirements documented, approved and at AMEDD Center & School for course development
 - Attendees must first complete On-line Training (28 modules)
 - Core Training (58 hours): All attendees train together for 7 of the 10 days
 - The last 3 days consist of track training for each group.
 - Platoon Sergeant/Squad Leader Track (15 hours)
 - Nurse Case Manager Track (15.5 hours)
 - Company-level Leaders Track (15.5 hours)
- Cadre Course Redesign
 - On-line training undergoing redesign to support pre-course training and support new sustainment training
 - Resident Course will add scenario-driven training
 - Expanding training in WT Case Management, Behavioral Health to include PTSD, TBI, substance abuse, addictions and suicide prevention
 - Adding new track for Primary Care Managers.
 - Broadening scope to encompass all nurse case managers across the Army

WCTP Annual Training Conference



- Hosted to improve CTP processes and HR operations and to provide focused training to critical errors through multiple breakout sessions.
- Train, collaborate on initiatives, and exchange best practices to standardize and improve program performance.
- At the end of the conference the attendees should have improved their understanding of program fundamentals, addressed and resolved program issues, shared in best practices, and are trained on CTP processes
- CTP and HR primary tracks
- Breakout sessions for Commanders, Senior Non-commissioned Officers, HR professionals, Career and Education staff, Career Counselors (CC), Primary Care Managers (PCM)/Nurse Case Managers (NCM), Occupational Therapist (OT), Physical Therapist (PT), Pharmacists, Social Workers (SW), and Soldier and Family Assistance Center (SFAC) staff.

AW2 Advocate Training



- All AW2 Advocates undergo initial two week introductory training course referred to as “New Hire Orientation”
- Subsequently, continuous training occurs throughout the year
 - Annual AW2 Advocate Training (one week)
 - Monthly Advocate Professional Development Training
 - Advocate continuing education (conferences, online course, symposiums strategic and operational professional development events)
- Advocates are:
 - Personalized support for Soldiers and their Families
 - Local Resource Experts
 - Benefits Advisers – navigating the maze
 - Military Transition Specialists
 - Education and Career Guides
 - Life Coaches – Empowering Soldiers and their Families to make informed and relevant decisions

WTC Best Practices



- Promulgated thru the WTC Organizational Inspection Program (OIP)
 - Validate the WTU's/CBWTU's compliance with program standards
 - Facilitate continuous operational improvements
 - Identify innovations and share best practices between WTUs
 - Compile and communicate WTU trends to senior leadership
- Ensures that:
 - WTUs/CBWTUs are achieving a high level of performance, integrity and quality. WTU standards are tied directly to the well being of the WTs.
 - OIPs will be conducted via the collaboration of agencies/units involved in WT care.
 - WTC inspectors coordinate, contribute, collaborate, and standardize WTU efforts on behalf of the WTC CG across MEDCOM.
- 17 inspections conducted in FY10 and scheduled in FY11; mix of OIPs and Staff Assistance Visits (SAVs)

WTC Best Practices

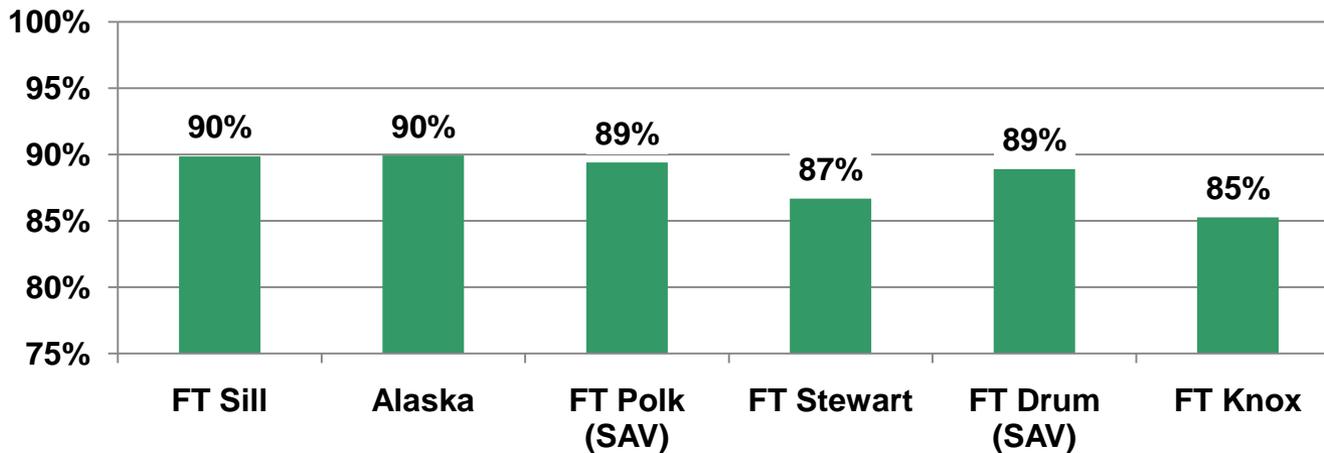


- OIP Focus Areas
 - Command and Control (C2)
 - Medical Management (Clinical)
 - Human Resources (HR)
 - Transition
 - Medical Evaluation Board (MEB)
 - WT MODS
 - WT Transfers
 - Army Wounded Warrior Program (AW2)
 - Family Readiness Support Assistant (FRSA)
 - Behavioral Health
 - Safety (SAV only)

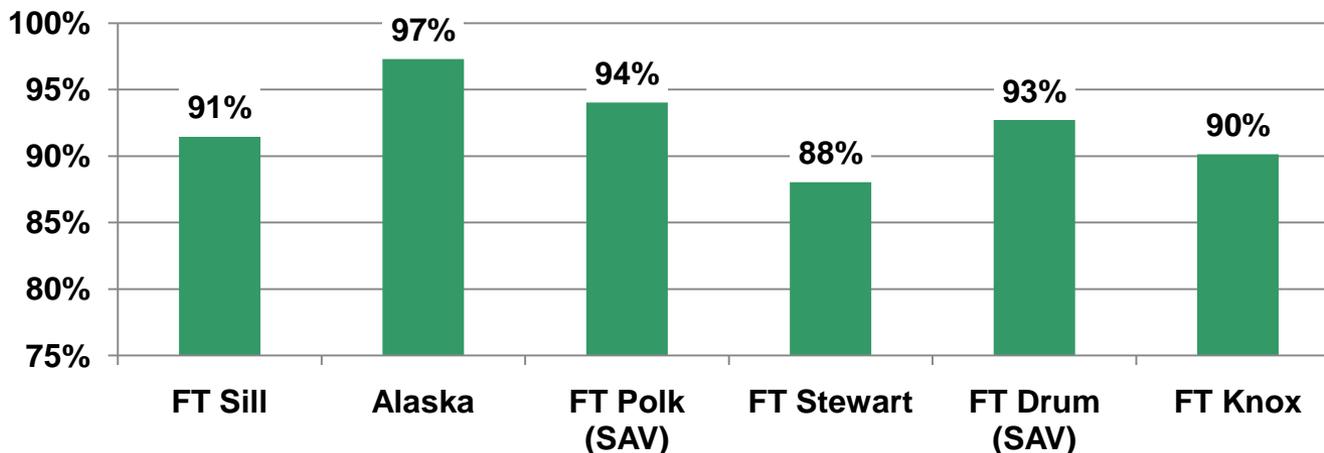
4th FY10 Quarter Results



Command and Control Compliance Rate: 88%



Clinical Compliance Rate: 92%



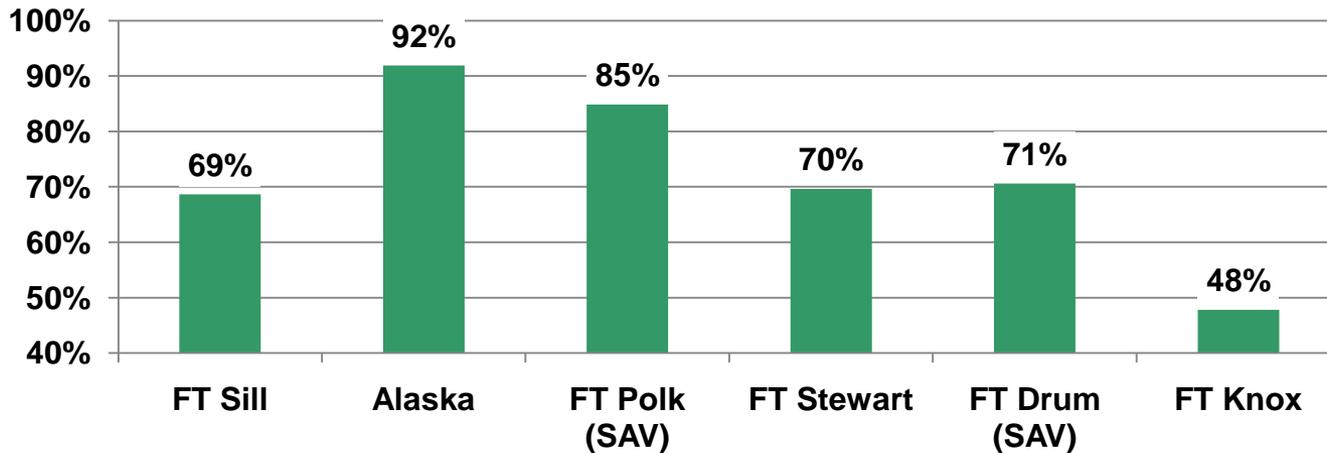
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ARMY STRONG

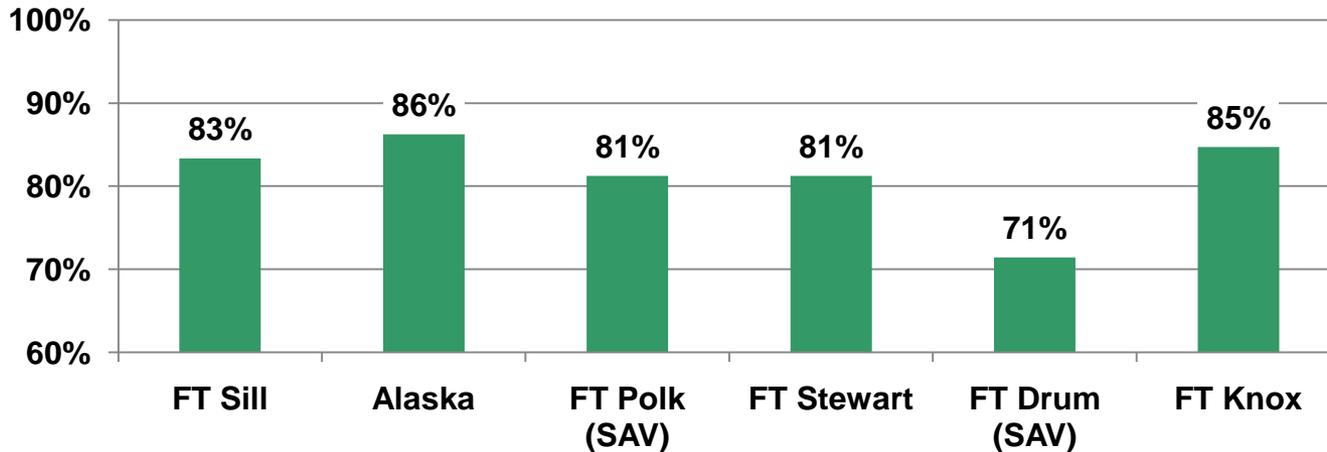
4th FY10 Quarter Results



Human Resources Compliance Rate: 72%



Transition Compliance Rate: 81%



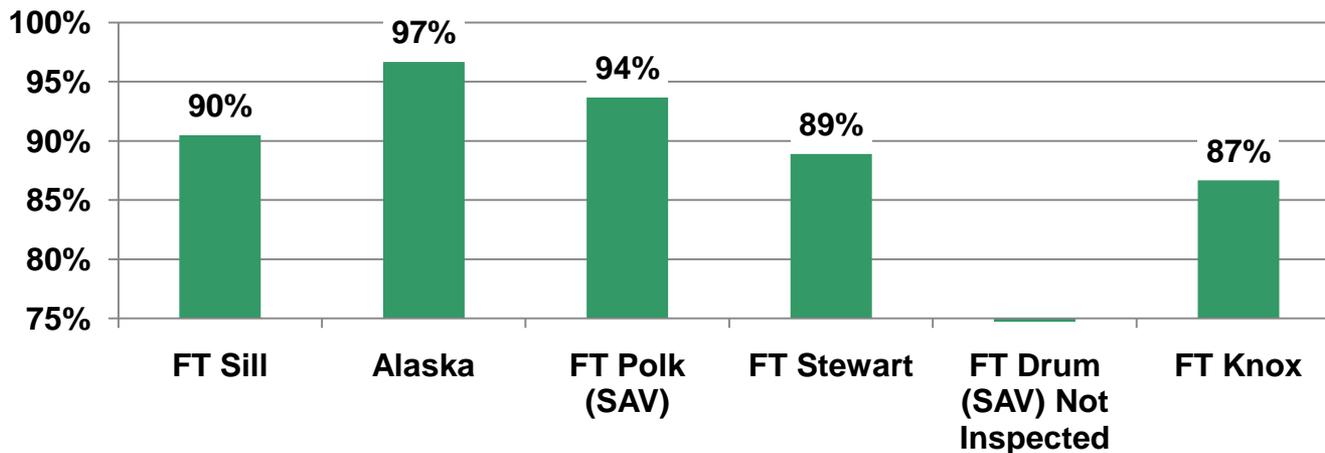
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ARMY STRONG

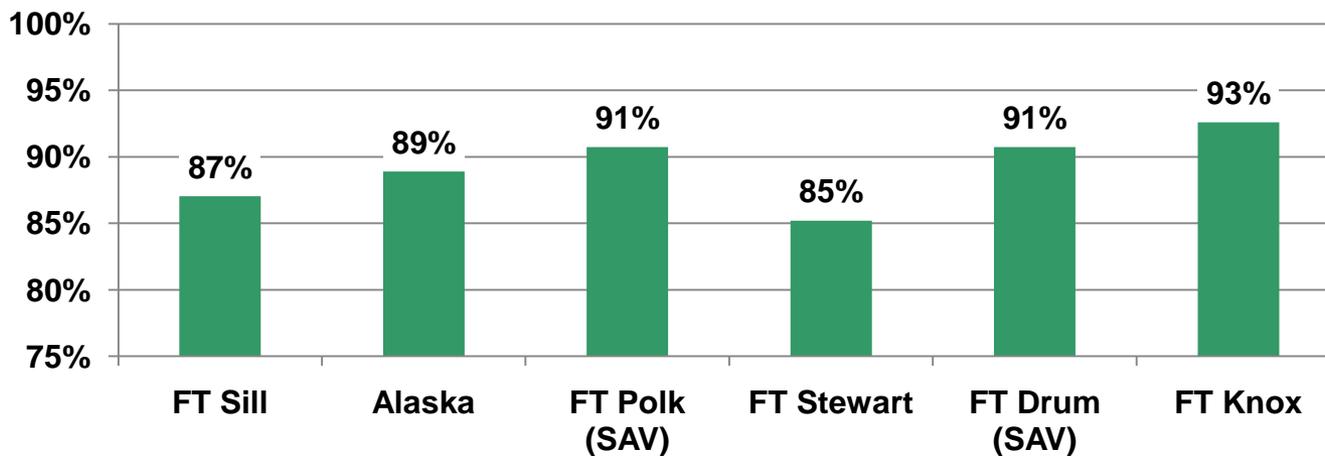
4th FY10 Quarter Results



WT Transfers Compliance Rate: 91%



MODS Compliance Rate: 89%

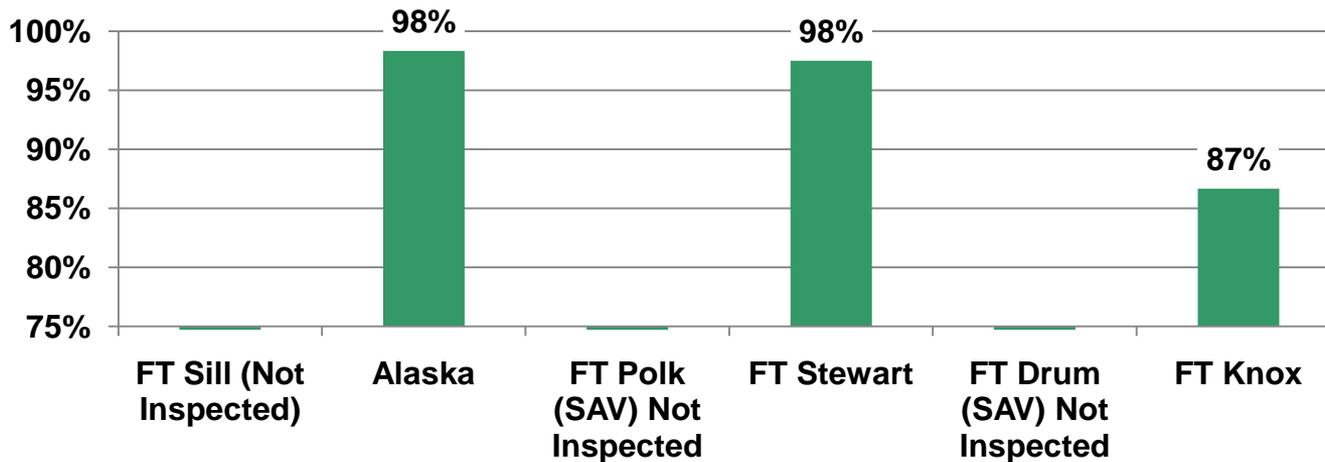


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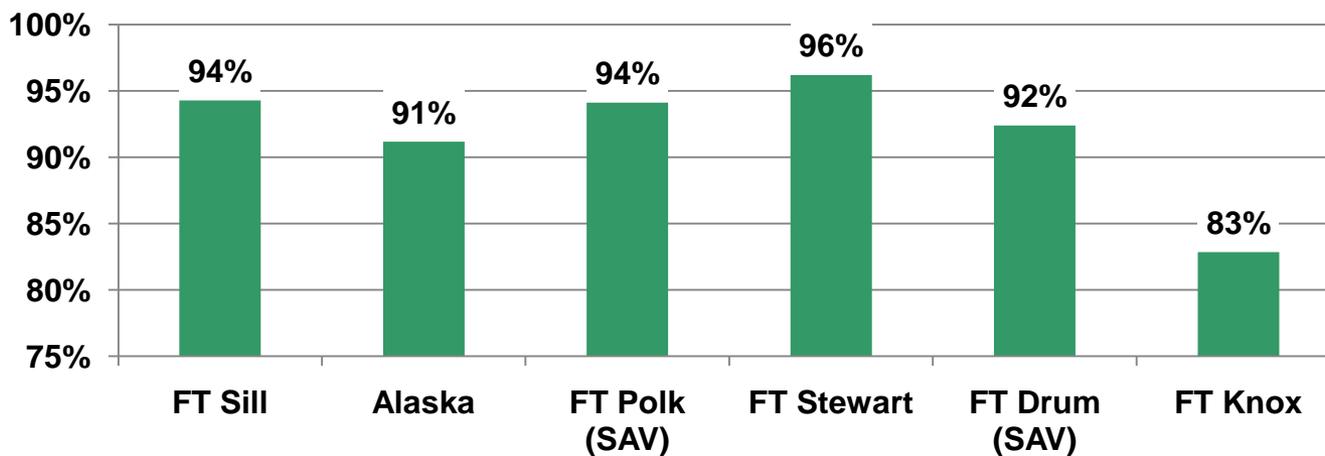
4th FY10 Quarter Results



AW2 Compliance Rate: 94%



FRSA Compliance Rate: 92%



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FY10 Performance Rates



WTU OIP - FY 10	
Focus Area	Average Compliance Rate
C2	92%
Clinical	94%
HR	75%
Transition	84%
MODS	86%
WT Transfers	93%
AW2	96%
FRSA	95%

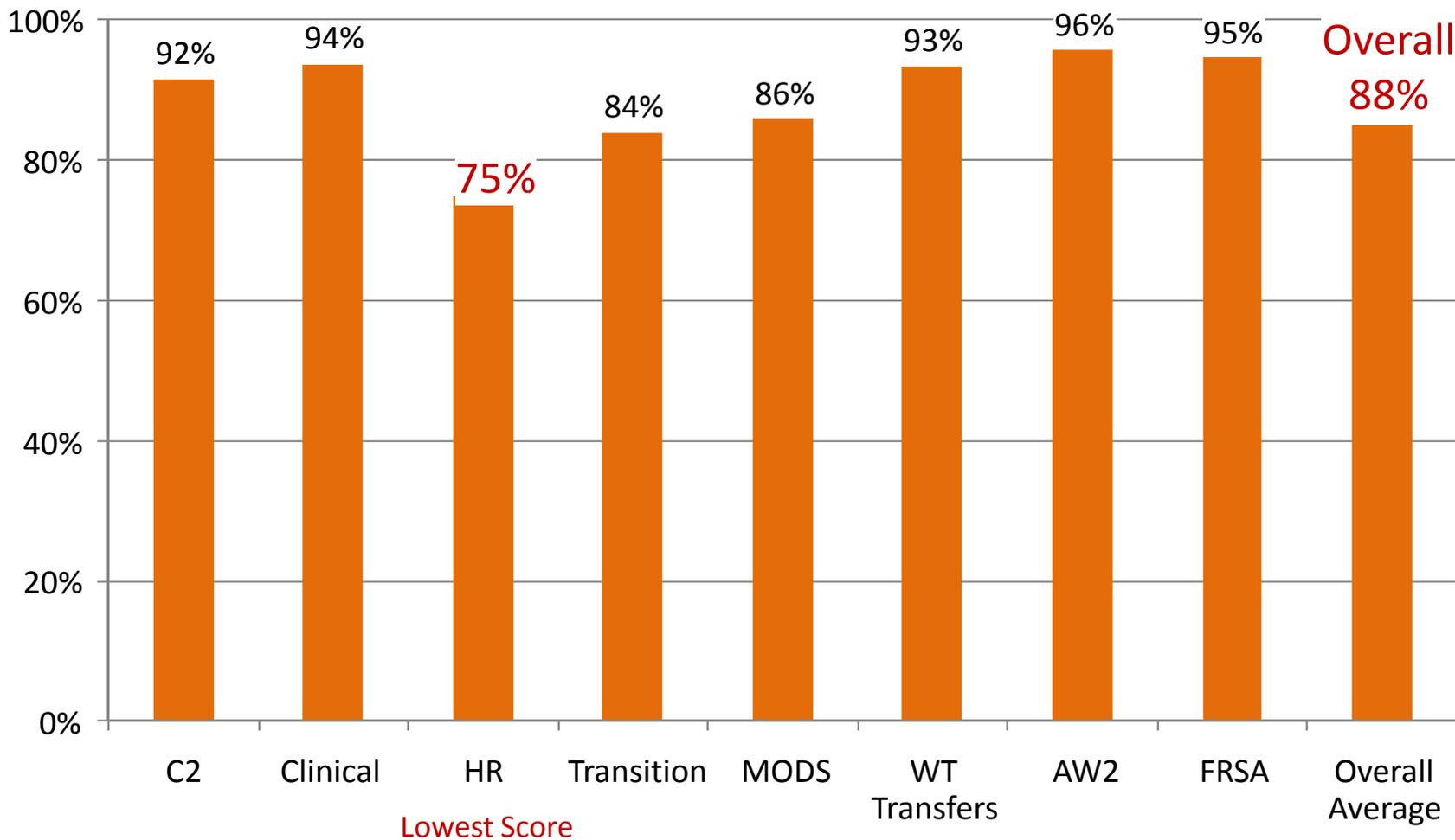
Calculated based on the following:

-  **Green /Compliant - 3 points**
-  **Amber/Partial Compliant - 2 points**
-  **Red/Non-compliant - 1 point**
-  **Gray/N/A or not inspected - 0 points**

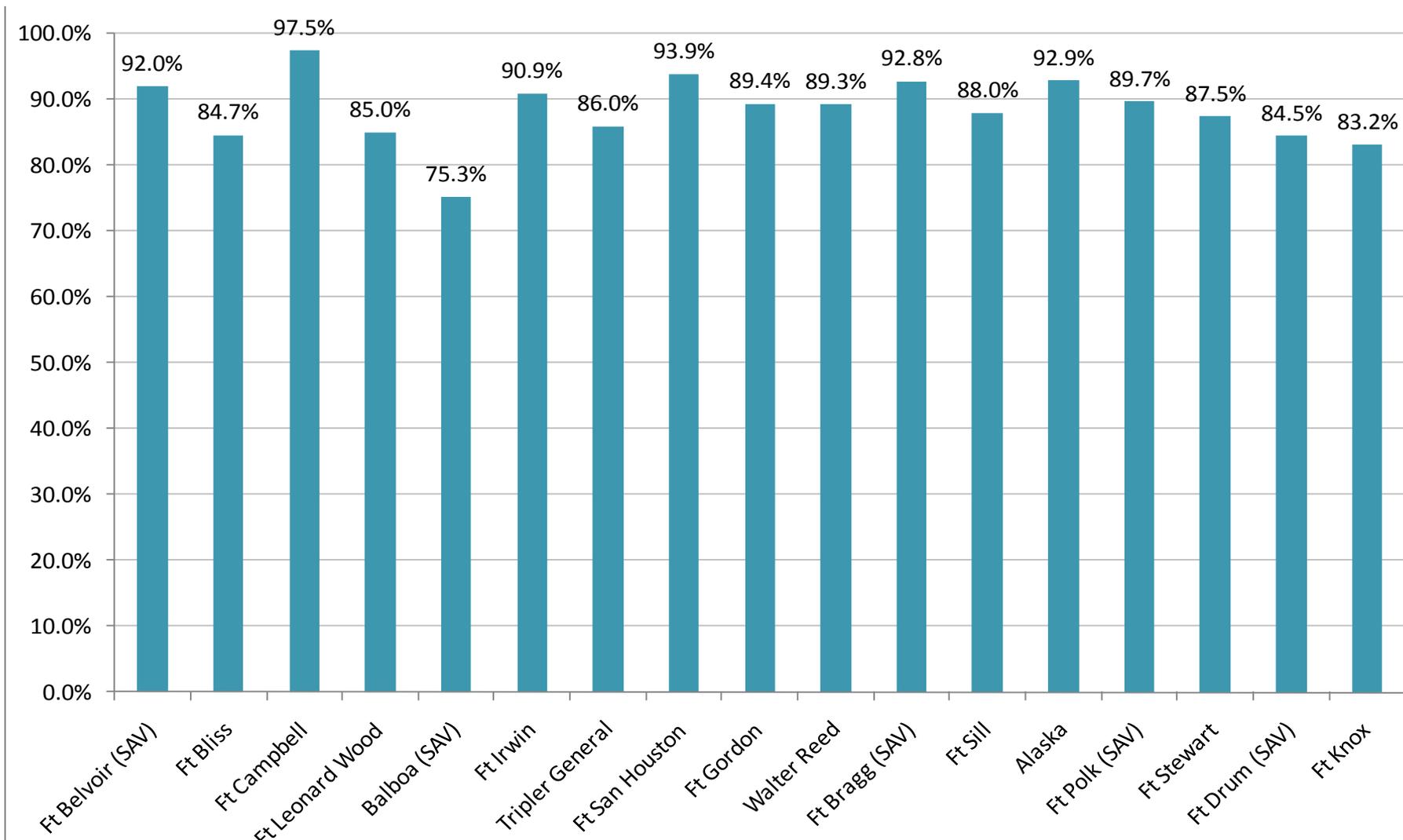
Low scoring focus area:

1. 75% Human Resources
2. 86% WT MODS
3. 84% Transition

FY10 Focus Area Performance Rates

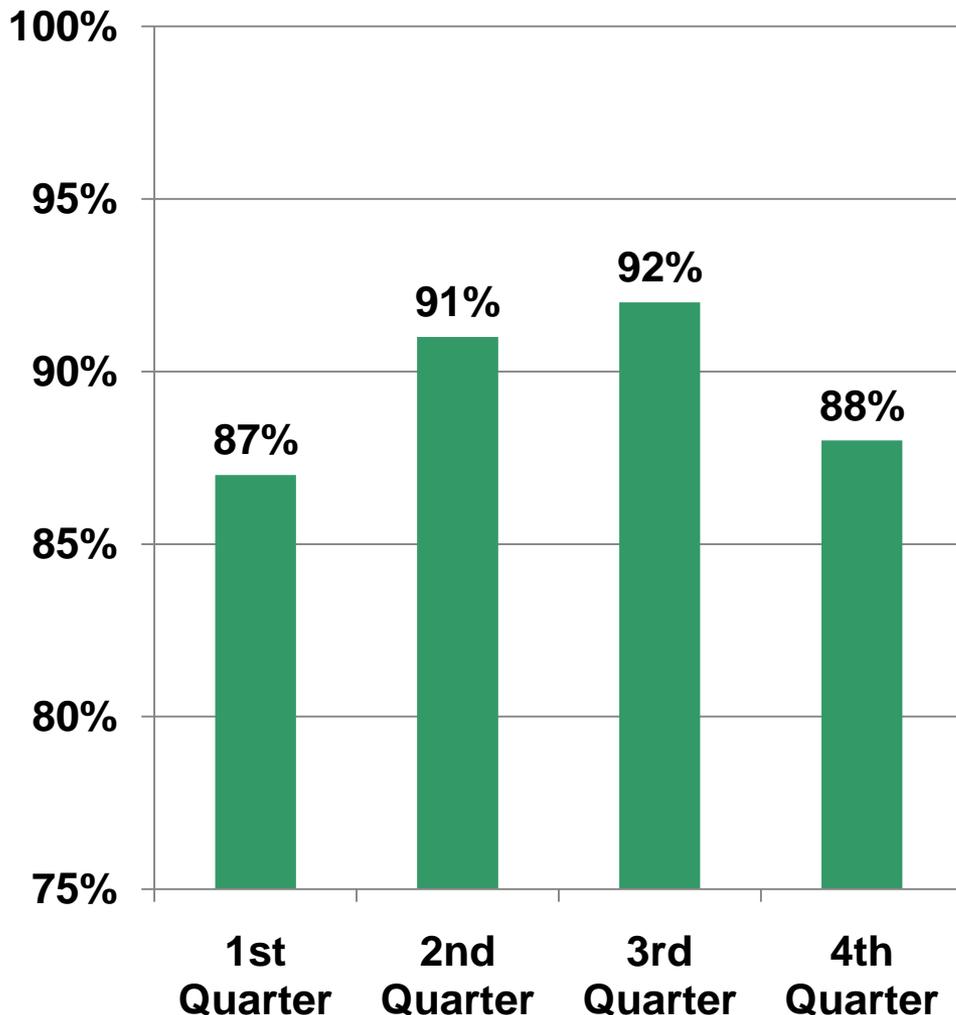


FY10 WTU Performance Rates



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FY10 WTU Overall Performance Rate



- Communication has improved
- Peers to peer mentorship program is effective
- SMEs follow up process is working
- 4th Quarter includes HR scores from Fort Knox

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Identified Best Practices



FORT BLISS (1st Quarter)

- Pharmacist at WTU Clinic regularly meeting with high risk WTs
- Pharmacist working with staff and meeting with every WT
- Separate WT Clinic
- Behavioral Health included in the Triad of Care
- CO-OP program with coordination at White Sands Missile Range

FORT CAMPBELL (2nd Quarter)

- WT Transfer's utilization of PAD person pro-active in processing of LODs
- Establishment of Intake Platoon
- HR accountability database

FORT LEONARD WOOD (2nd Quarter)

- Implementation of automated risk assessment tool
- Pharmacist working directly with WTs and staff on medication reconciliation

TRIPLER/SCHOFIELD BARRACKS (2nd Quarter)

- Pre-assigned A and B Company admissions

Identified Best Practices



FORT SAM HOUSTON (3rd Quarter)

- In brief conducted using self-assessment
- Commanders Interest Report (High Risk Soldier)
- Use of Major Command (i.e. 101 ABN, 4ID) Liaisons
- Company Battle Streamer Ceremony/competition
- Integration of various non-profit agencies

FORT GORDON (3rd Quarter)

- FRSA/OT creativity with COMPO 2/3 Families

WALTER REED ARMY MEDICAL CENTER (3rd Quarter)

- SFAC involvement in Family arrival (site specific)
- No inpatient care discharge on Fridays
- DCCS requires WTU PCM concurrence on all procedures

Identified Best Practices



FORT BRAGG (3rd Quarter)

- Use of Share Point for Battalion HR Accountability
- Focused Transition Review Board
- MODS S1 in-processing checklist
- WARS/BRIDGE Programs

FORT RICHARDSON/WAINWRIGHT (4th Quarter)

- HR SOP
- Warriors to Emulate Program
- AW2 housed in Battalion area/NCM communication with Advocate

FORT POLK (4th Quarter)

- SFAC Educational Counselor is fully engaged with the WTs (LAMP)

FORT KNOX (4th Quarter)

- SFAC volunteer and Family telephone program
- Transportation Cell for WTs
- WT Cadre Development and Resilience Lifecycle

AW2 Best Practices



- AW2 is presently developing performance measures for assessing, monitoring and implementing process/program improvement techniques based on core data elements.
- Through a venue of peer to peer interaction, Advocate New Hire Orientation which encompasses best business practice, with a forum comprised of active field Advocate who conduct panels to new Advocates to share real world experiences, challenges and expectations.
- Best practices are also captured and shared through AW2's annual Advocate training, monthly Advocate Branch professional development, multi-media platforms such as the monthly AW2 newsletter, the Advocate Branch Standard Operations Procedure handbook, Regional Supervisor's monthly Supervisor's Conference and semi-annual Branch Chief's updates.



- Warrior Care & Transition Program Guidance and Policy
 - MEDCOM OPORD 07-55 (MEDCOM Implementation of the Army Medical Action Plan) + FRAGOs
 - HQDA EXORD 07-118 (Healing Warriors) + FRAGOs
 - DCSPER WTU Consolidated Guidance – Administrative: being updated ICW DCSPER (Proponent); title changing to “Warrior in Transition Consolidated Planning Guidance (WTPG).”
 - WTC Policies include, but are not limited to:

09-###	WTU/CBWU Risk Assessment and Mitigation Policy
09-###	Warrior in Transition (WT) Medical and Military Responsibilities
09-001	Medical and Military Responsibilities (Change 1)
09-002	WTU Transition Review Board (TRB) Process
09-003	Warrior in Transition (WT) Employment, Education and Internship (EEI) Opportunities
09-004	Therapeutic/Rehabilitative and Leisure/Recreational Trips or Events for WTs and Medical Staff
09-005	Physical Training for Soldiers in Warrior Transition Units
09-081	Third Party Collection Program (TCP) Legal Follow-up Procedures
10-001	Cadre Selection Approval and Assignment to Warrior Transition Units (WTUs)
10-002	Procedures for Processing Foreign Visit Requests to MEDCOM Facilities
10-003	Warrior Transition Unit Facility Maintenance Standards and Procedure Policy
10-004	Warrior Transition Command New Commanders Orientation Program
ACSIM	Unaccompanied Personnel Housing (UH) for Warriors in Transition (WT) Policy
10-005	Communications with Warriors in Transition
10-033	Warrior Transition Unit (WTU) Risk Assessment and Mitigation Policy
10-006	Cadre Selection Approval and Assignment to Warrior Transition Units (WTUs)
10-007	Respite Pass Policy for Warrior Transition Unites (WTU) Cadre
10-008	Community Based Warrior Transition Unit (CBWTU) Realignment of Boundaries
10-009	Assignment of Geographically Dispersed Personnel to Warrior Transition Units (WTU)

- Drafting new Army Regulation (AR) on the Warrior Care & Transition Program (WCTP) to provide single-source documentation of all current policy and guidance.
- Developing supporting DA PAM in support of the WCTP AR.

WTC Information Resources (2 of 3)



- IAW DA EXORD 118-07 (Healing Warriors), each separate Warrior Transition Unit is responsible to create their own individual installation and unit-specific handbooks and guides for Warriors in Transition and their Families.
- Warriors in Transition and Family Members receive in-processing briefings on the programs available to them, to include information on how to contact such programs to obtain assistance.
- The WTC www.wtc.army.mil and AW2 www.aw2.army.mil websites provide information as well as links to the National Resource Directory, Military OneSource, and other programs.
- Medical Assistance Group previously fielded all Wounded Soldier and Family Hotline calls; now, the Wounded Soldier Family Hotline [1-800-984-8523](tel:1-800-984-8523) is available to Warriors in Transition and their Families 24/7.
 - Professionals available to provide information and to arrange for assistance from Ombudsmen and other sources
 - Allows Warriors in Transition and Families to get the information, answers, and outcomes to meet their needs.

WTC Information Resources (3 of 3)

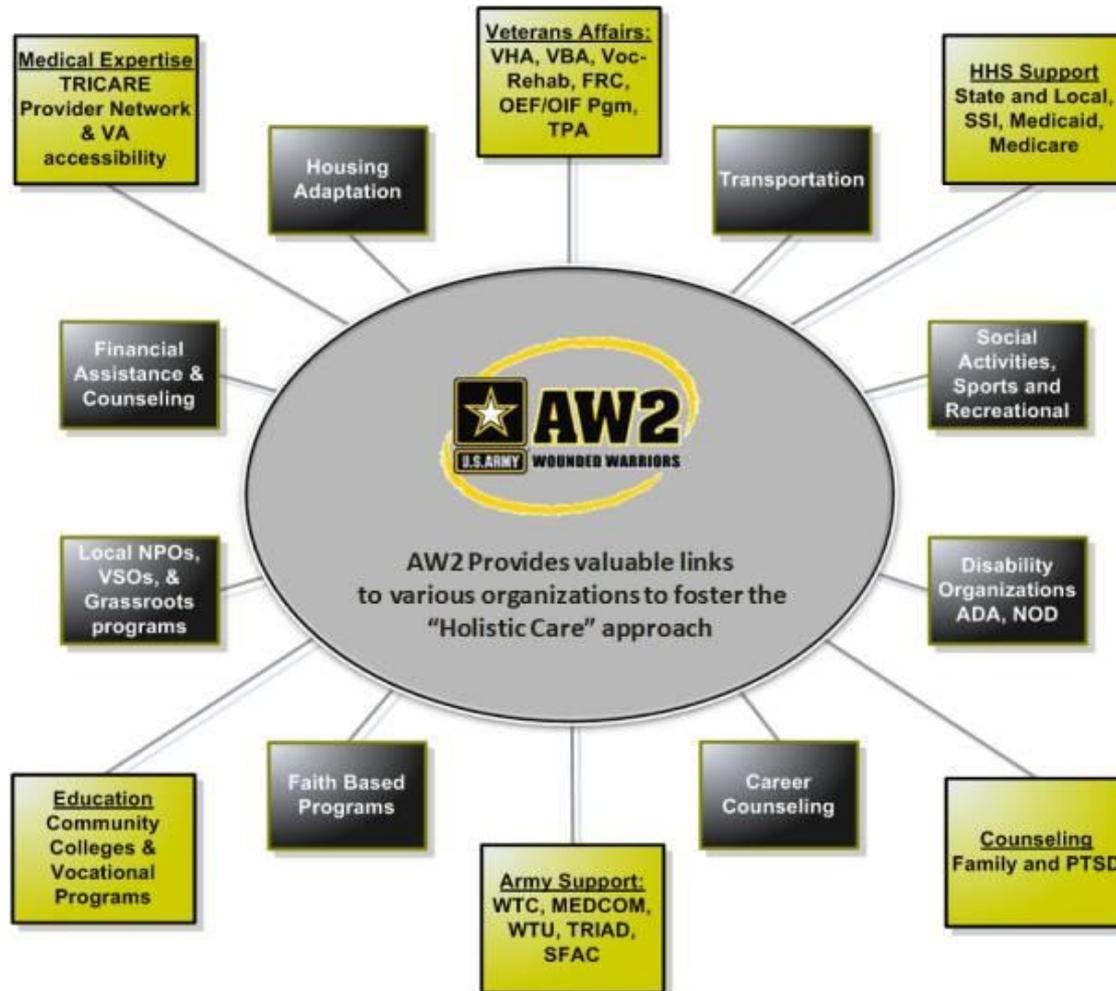


- Ombudsman program; currently, 61 Ombudsmen serve at 32 sites
 - Serves as an independent intermediary who: supports Soldiers and Family Members; finds redress for their grievances; seeks resolution of their problems; keeps the Chain-of-Command informed of problem areas.
 - Ombudsmen cultivate and sustain positive relationships with Military Treatment Facility leadership and Warrior Transition Unit staff
 - Typical issues encountered by Ombudsmen include difficulty with appointments, orders, Medical Evaluation Boards, prescriptions, requests for second opinions, housing problems.
- Warrior Transition Command has a Department of Labor liaison assigned who works on ways to inform Warriors in Transition and their Families of employment opportunities.
- Warrior Transition Units are supported by Soldier Family Assistance Centers
 - On-site VA counselors who work with Warriors in Transition and Families to help them arrange for VA benefits and services
 - Provide them guidance on how to find the information they require.

AW2 Information Resources (1 of 2)



Links Soldiers/Veterans and Family Members to Essential Support Networks and Resources



AW2 Information Resources (2 of 2)



AW2 Links Soldiers/Veterans and Family Members to Valuable Federal Programs and Benefits

Health Care

- TRICARE
- VA Health Care
- Medicare/Medicaid

Retirement & Disability Compensation

- U.S. Army Retirement Pay
- VA Disability Compensation
- TSGLI
- CRSC
- SSI Disability Compensation

Transition Assistance

- Army Career and Alumni Program (ACAP)
- VA Disabled Transition Assistance Program (DTAP)
- Unemployment Compensation

VA Adaptive Housing & Vehicle Assistance

- \$12,756 and \$63,780 grants for housing adaptation
- \$11,000 towards automobile adaptive equipment, repair, replacement or reinstallation

VA Education & Training

- Montgomery GI Bill (MGIB)
- Post 9-11 GI Bill
- VA Educational Assistance to spouses and children of permanently and totally disabled veterans

VA Vocational Rehabilitation & Employment

- Evaluation of talents, skills and interests
- Resume and work readiness assistance
- Help finding and keeping a job
- Vocational counseling and planning
- On-the-job training and work-experience programs
- Training – Certificate, two, or four-year college or technical programs
- Supportive rehabilitation services and counseling

Department of Labor (DOL)

- REALifelines
- Disabled Veterans Outreach Program Specialists (DVOP)
- Local Veterans Employment Representative (LVER)

Take Aways



- Army program to care for our wounded, ill, and injured Soldiers is excellent....but not perfect
- The Army is beyond infrastructure improvements and cadre ratios – we inspire Soldiers toward a positive and productive future, defeating any wound, illness, or injury that stands in their way
- Every Soldier has his/her own unique set of challenges
- Early involvement and investment of Families is critical
- We cannot do enough for the Families of our wounded, ill and injured Soldiers
- The nation has rallied around providing support to our Warriors

15 MIN BREAK

Followed By

Support to Caregivers:
Soldier & Family Assistance Center